MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1601

331

File No.

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No.

Township KAW Primary Registration District No.

City KANSAS CITY (No. 917-EAST-9TH St. Ward)

2. FULL NAME INFANT ROGERS

(a) Residence, No. 917-EAST-9TH St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-20-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME ROBERT CHARLES ROGERS

14. BIRTHPLACE (CITY OR TOWN) GLENDAY (STATE OR COUNTRY) MONTANA

MOTHER

15. MAIDEN NAME JOSEPHINE LADENDORFF

16. BIRTHPLACE (CITY OR TOWN) BUNKER HILL (STATE OR COUNTRY) ILLINOIS

17. INFORMANT MR. ROBERT CHARLES ROGERS (ADDRESS) 917-EAST-9TH ST

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE JANUARY-21, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111-EAST-9TH ST

20. FILED 1-21, 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933, to Jan 21, 1933

I last saw him alive on Jan 20, 1933 Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

Premature birth

159

159

Other contributory causes of importance:

Unknown

Date of onset

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W E Cramer, M. D.

(Address) 420 E 9th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] INK—THIS IS A PERMANENT RECORD

N. W. 9th & Harrison St.
12-1