

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

Do not use this space.

18615

1. PLACE OF DEATH

98 County Schuyler Registration District No. 802
Township Habit Primary Registration District No. 6046
City.....(No.....) St..... Ward.....

2. FULL NAME

Edgar Vincent Rogers
(a) Residence, No.....St.....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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 11 1904</u> | | |
| 7. AGE | YEARS <u>25</u> | MONTHS <u>6</u> |
| | DAYS <u>7</u> | IF LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u> | |
| | 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) (STATE OR COUNTRY) <u>Dawning mo</u> | | |
| FATHER | 13. NAME <u>Herbert T. Rogers</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dawning Mo</u> | |
| | 15. MAIDEN NAME <u>Bessie Perry</u> | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dawning mo</u> | |
| | 17. INFORMANT (ADDRESS) <u>Herbert T. Rogers</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>1111 S. Bond and May 22 1933</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Roberts & Moore Dawning mo</u> | | |
| 20. FILED <u>May 19 1933</u> <u>J. B. Bond</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to May 18 1933
last saw him alive on May 14 1933 Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chesend Lung
fulbony pneumonia
109A
114B
Other contributory causes of importance:
114B

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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? no
If so, specify.....
(Signed) A. Drake, M. D.
(Address) Lansbury av

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.

JUN 24 1933

