

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 21 1934

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

Do not use this space.

1. PLACE OF DEATH  
 95 County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033  
 City W. Pleasant (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

2. FULL NAME H. D. Rogers Hugh H. 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.

26306

File No. \_\_\_\_\_  
 Registered No. 201

**PERSONAL AND STATISTICAL PARTICULARS**

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>male</u>   | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Josephine Rogers</u>                       |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Oct. 14 1877</u>  |                                  |   |
| 7. AGE  | YEARS                            | MONTHS  |
|   | <u>56</u>                        | <u>8</u>  |
|   |                                  | <u>22</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Laborer</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)<br><u>1932</u>                              |                                  |   |
| 11. Total time (years) spent in this occupation   |                                  |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Glasgow, Ky.</u>                                       |                                  |   |
| 13. NAME<br><u>Unknown</u>  |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  |                                  |   |
| 15. MAIDEN NAME   |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  |                                  |   |
| 17. INFORMANT<br><u>Josephine Rogers</u><br>(ADDRESS) <u>W. Pleasant, Mo.</u>                                 |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>W. Pleasant</u> DATE <u>7-9-34</u>                              |                                  |   |
| 19. UNDERTAKER<br><u>Blainman Bros. Inc.</u><br>(ADDRESS) <u>504 Woodson Rd. - Oakland, Mo.</u>               |                                  |   |
| 20. FILED <u>7-9-34</u> 19 <u>34</u> <u>Old Palmer</u><br>Registrar   |                                  |   |

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/34 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9P m.  
 The principal cause of death and related causes of importance were as follows:  
Suicide, after being ill for past two years, and having undergone five surgical major operations spent biggest portion of passed two years in different hospitals, became mentally despondent, mostly because of suffering, threatened to destroy himself on several occasions.  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide 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 gunshot  
 Nature of injury suicide by gunshot wounds

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Jake B. Union 7/7/34  
 (Address) 3718 Jennings, Pa.  
Torrey Blain, Co., Mo.

On this occasion when the opportunity presented itself, he got hold of a 16 gauge single barrel shot gun, went into outbuilding, where he was living, between seven and eight o'clock PM July 6th 1934, and placed shot gun against abdomen, just to the rt. and below the umbilicus, pressed same against abdomen and pushed trigger with yard stick, goring abdomen. Shot destroying intestine, stomach. Many shots penetrating heart, diaphragm, and both lungs, destroying 5th lumbar vertebra, scattering shot thruout thoracic and upper lumbar vertebra.

Was found in this outbuilding, by brother and nephew, at 9:15 PM same date.

Secondary; Gunshot wound, shock and hemorrhage.