MAR 29 1937

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

Do not use this space.

File No. 6037

Registered No. 2

1. PLACE OF DEATH

County: Hickory

Township: Urbana

City: (No. , St. Ward)

Registration District No.: 8-620-85

Primary Registration District No.: 5-2205

2. FULL NAME: Harrison B. Rodgers

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jossie M. Rodgers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 15-1893.

7. AGE: Years 44 | Months – | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

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): Oregon

FATHER

13. NAME: Geo. W. Rodgers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Letha Stahl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Mrs. Letha Rodgers

18. BURIAL, CREMATION, OR REMOVAL PLACE: Wesley Chapel DATE: Feb-4 1937

19. UNDERTAKER (ADDRESS): Hutchison-Blue Bolivar, Mo.

20. FILED: Feb 6 1937 Orville McKinley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1937, to 2-2, 1937

I last saw him alive on 2-2, 1937. Death is said to have occurred on the date stated above, at 10:40 P.M.

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

	Date of onset
Pneumonia	1-29-37
Influenza	1-25-37

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Clinical 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? no

If so, specify:

(Signed) J. M. Muffleham, M. D.

(Address) Humansville, Mo.

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.