

N. B.—Every item of information should be carefully supplied. Refer to instructions on reverse side of form. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1937

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

Do not use this space.

8¹ PLACE OF DEATH *Pike*
County.....
Township *Duquesne*
City *Bowling Green* (No.) St. Ward.....

2. FULL NAME *James A Rogers*
(a) Residence No. St. Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. *684*
Primary Registration District No. *4408*

File No. *7653*
Registered No. *6*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M*
4. COLOR OR RACE *W.*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 3 - 1861*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 10

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

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

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) *Waggoner Ill*

13. NAME *Theodore Rogers*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Va.*

15. MAIDEN NAME *Mary Eubank*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va.*

17. INFORMANT *Mrs Mary Rogers*
(ADDRESS) *Bowling Green*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bowling Green Cem* DATE *3/10/37*

19. UNDERTAKER *W. B. Colver*
(ADDRESS) *Bowling Green Mo*

20. FILED *3/10/37* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1937*, 19.....

22. I HEREBY CERTIFY, That I attended deceased from *FEB. 10*, 1937, to *FEB. 13*, 1937
I last saw him alive on *FEB. 12*, 1937. Death is said to have occurred on the date stated above, at *5:45 a.m.*
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset *2-10-37*

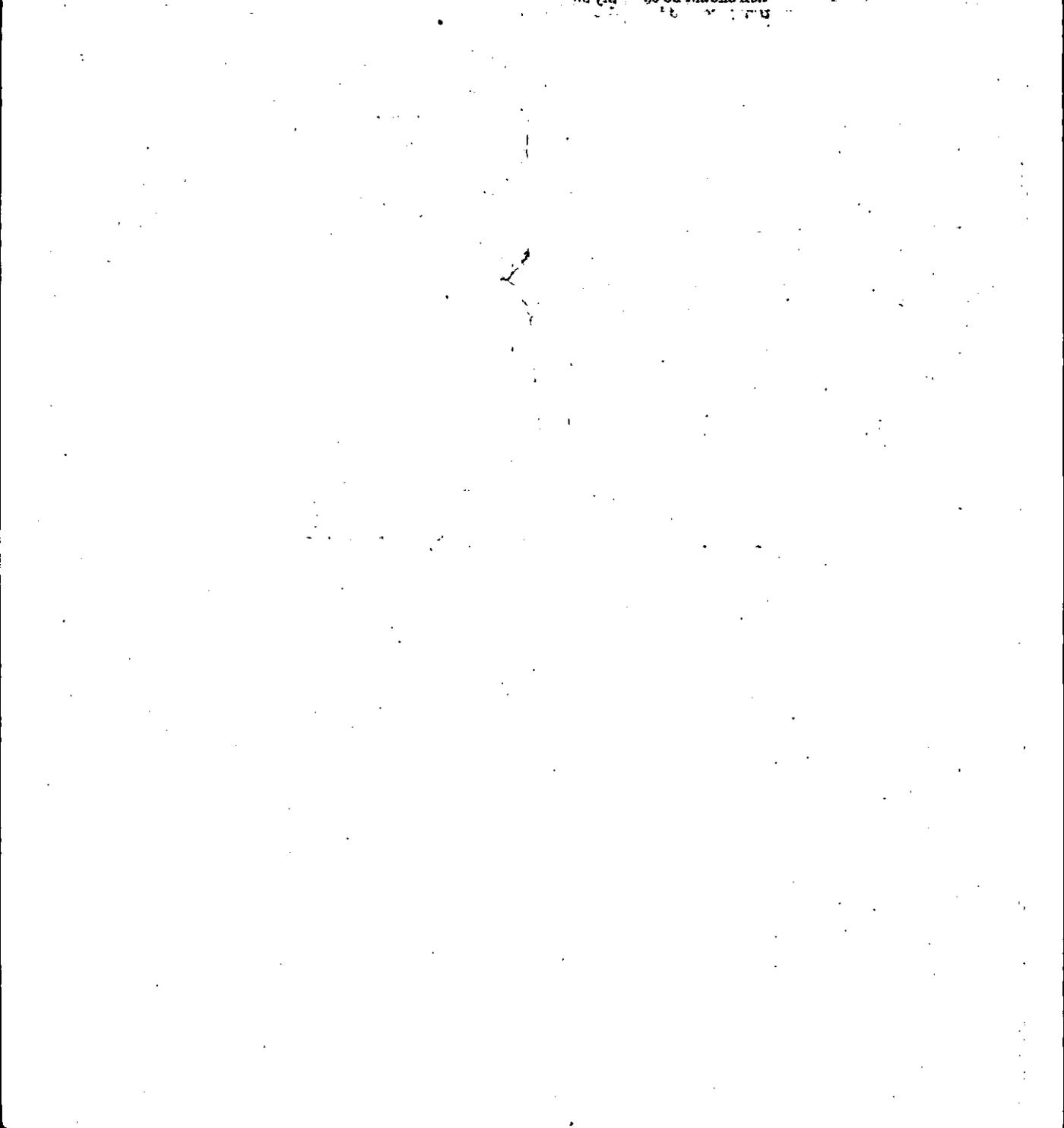
Other contributory causes of importance: *107a*

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) *W. B. Colver* M. D.
(Address) *Bowling Green Mo.*



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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Bowling Green
City Bowling Green (No. _____) St. _____ Ward _____

Registration District No. 684
Primary Registration District No. 4408

File No. 7653
Registered No. _____

2. FULL NAME

James A. Rogers
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13th, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

I last saw him _____, 19____, to _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: _____

7. AGE YEARS 75 MONTHS 4 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

Other contributory causes of importance: _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____ If Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowling Green DATE 2-15, 1937

19. UNDERTAKER (ADDRESS) W. S. Johnson

20. FILED 3-10, 1937 Wm. J. Summers Registrar

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? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____

SUPPLEMENTAL

Every item of information should be carefully secured. A full statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

S-7653