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.

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 404 — File No. 12179
Township ~~Kaw~~ Washington — Primary Registration District No. 5558 — Registered No. 20
City ~~Kansas City~~ (No. Armour Memorial Home St. Ward)

2. FULL NAME WILLIAM PRESCOTT RODGERS
(a) Residence, No. Armour Memorial Home 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: 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: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24, 1857
7. AGE: 172 — YEARS: 79 — MONTHS: 7 — DAYS: 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
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): Ohio

FATHER
13. NAME: Henry Clay Rodgers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mary Fearing Crawford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Armour Memorial Home Records 81st & Wornall Road, Kansas Cy. Mo.
18. BURIAL, ~~CREMATION, ...~~ Forest Hill Cem.
PLACE Kansas City, Mo. DATE March 6 1937
19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza
20. FILED Mar 6 1937 Fred R. Lindsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch. 4, 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 1 — 1936, to Mch. 4, 1937
I last saw him alive on Mch. 4, 1937. 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:
Chronic Myo Condition — Date of onset
93C
Other contributory causes of importance:
Pulmonary Edema
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? No
If so, specify
(Signed) C D Cantrell, M. D.
(Address) 810 Argyle Bld

Dr. C. A. [illegible]
14 W 57 [illegible],