

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

Do not use this space.

File No. **3899**

Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
 County St Charles Registration District No. 756
 92 Township Portage De Sioux Primary Registration District No. 5997
 City Maackens (No. _____ St. _____ Ward _____)

2. FULL NAME Robert Roy Rogers 262
 (a) Residence, No. Maackens Mo 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3rd 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman C.B. & O. Railroad

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) Middletown Ill. 2

FATHER 13. NAME James Monroe Rogers 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hart Point Ill. 2

MOTHER 15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Mrs Robert Rogers Maackens Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Jan 9 1938

19. UNDERTAKER (ADDRESS) W. K. Dalrymple & Sons Co. St Charles Mo

20. FILED Jan 5th 1938 C. A. Barnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9th 1937, to Dec 29th 1937

I last saw him alive on Dec 29, 1937 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:
Pulmonary T. B. Date of onset 1933

Other contributory causes of importance:
As follows: Whooping cough for past 25 years

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical & X-ray 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?
 If so, specify _____
 (Signed) C. A. Barnard, M. D.
 (Address) Portage de Sioux 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.

RECEIVED

FEB 28 1938

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