

OCT 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Platte
Township
City Dearborn Mo. (No. _____) St. _____ Ward _____

Registration District No. 692
Primary Registration District No. 4414

File No. 33064

Registered No. _____

2. FULL NAME

Robert Thomas 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.

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 Ida Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1858

7. AGE YEARS 80 MONTHS 2 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Jan 1-1938 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hallsville, Missouri

13. NAME Alfred Rogers

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

15. MAIDEN NAME Susan Brady

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

17. INFORMANT (ADDRESS) Amanda Dean Dearborn Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dearborn Mo. DATE Sept-8th 1938

19. UNDERTAKER (ADDRESS) Louisa Davis Dearborn Mo.

20. FILED Sept 10 1938 W. M. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1-1938, to Sept 6-1938. I last saw him alive on Sept 6, 1938. Death is said to have occurred on the date stated above, at 3:45 a. m.

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

Cerebral Hemorrhage Date of onset Sept 1 1938

Other contributory causes of importance: arteria sclerosis

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None, 1938

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Jos. M. White, M. D.
(Address) Dearborn, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

