

JUL 20 1936

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

Do not use this space.

22484

1. PLACE OF DEATH

County Deussler  
Township Clay  
City Harrison (No. ....)

Registration District No. 287  
Primary Registration District No. V 400-

File No. ....  
Registered No. 21  
St. .... Ward)

2. FULL NAME

Donald Rodgers

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15 1934</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Deussler Missouri</u>		
13. NAME <u>Willie J. Rodgers</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Ariz.</u>		
15. MAIDEN NAME <u>Willie Rogers</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Ill.</u>		
17. INFORMANT <u>Willie Rodgers</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harrisonville</u> DATE <u>June 16 1936</u>		
19. UNDERTAKER <u>Bertha Kinschling</u> (ADDRESS) <u>Harrisonville Mo.</u>		
20. FILED <u>6-16</u> <u>1936</u> <u>6</u> <u>2</u> <u>Uape</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 14 1936 to June 15 1936  
I last saw him alive on June 15 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Acute Nephritis with anuria  
Date of onset 6-11

Other contributory causes of importance:  
120 lbs

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 Uape  
(Signed) Uape M. D.  
(Address) Harrisonville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

