

SOCIAL SECURITY NO.

None

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

1941

FULL
NAME

Lena Rachel Rogers

Reported to
Clerk
OCT 1 - 1941

Local File No.

9

PLACE OF DEATH:

County

Eaton

Township

City or Village

Vermontville

Name of hospital

(If not in hospital, give street address.)

Length of

stay: In hospital

In this community

49 yrs

USUAL RESIDENCE OF DECEASED:

State

Mich.

County

Eaton

Township

City or Village

Vermontville Mich.

Street No.

If foreign born, how long in U. S. A.?

years

Sex

Female

Color or Race

White

Single, Married, Widowed

or Divorced

Married

NAME OF HUSBAND or WIFE

Name

Clarke Rogers

Age, if alive

71

Birth date of deceased

3 - 30

1874

Age: Years

Months

Days

If less than one day

67

5

1

hrs.

min.

Birthplace

Windsor Township Mich

Usual occupation

Retired

Industry or business

Father

Name

Seiretius Moore

Birthplace

Ill.

Mother

Maiden Name

Abbie Campbell

Birthplace

Canada

Informant

Lee Rogers

Address

Charlotte Mich. R# 5

(Burial, cremation or removal) (Circle the word which applies)

Place

Vermontville Mich

Cemetery

Woodlawn

Date 9 - 4

19 41

Funeral director's

signature

K. K. Ward

Address

Vermontville Mich

Filed

9 - 4

19 41

A. L. Banningham

Local Registrar

MEDICAL CERTIFICATION

Date of death

9 - 1

19

41

I hereby certify that I attended the deceased from

19 to 19 I last saw hu alive on

19 Death is said to have occurred on the

date stated above at 11 30 P. M.

Duration

Immediate cause of death

angine Pectoris

Other contributory causes of importance

Major findings and dates:

Of operations

Of autopsy

In case of violence, state if accident, homicide or suicide

Date

19

Where did injury occur?

(Specify city, county, or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signature

A. C. Henry Coroner

Address

Charlotte Mich.