

1. PLACE OF DEATH

County Hillsdale

Township _____

Village _____

City HillsdaleSTATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. _____

NOV 6 - 1920

2. FULL NAME Robert Rogers(a) Residence No. 41 Champaign

Length of residence in city or town where death occurred yrs. mos. _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word.) Single

6 If married, widowed, or divorced, name of (or) WIFE or HUSBAND of _____

7 DATE OF BIRTH (Month, day and year.) Oct 22 - 19208 AGE Years _____ Months _____ Days 3 If LESS than 1 day, hrs. OR min. _____9 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer) None (c) Name of employer _____10 BIRTHPLACE (city or town) (State or country) Hillsdale, Mich.11 NAME OF FATHER Geo. F. Kirk Ross12 BIRTHPLACE OF FATHER (city or town) (State or country) Coldwater, Mich.13 MARRIAGE OF MOTHER Registration 7-11-1814 BIRTHPLACE OF MOTHER (city or town) (State or country) Angola, Ind.15 Informant J.H. Mines (Address) Hillsdale, Mich.16 Date Oct 25 Name Marjorie Jones

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH (Month, day and year) Oct 25 192011 I HEREBY CERTIFY, That I attended deceased from Oct 22 1920 to Oct 24 1920That I last saw him alive on Oct 24 1920 and that death occurred on the date stated above at 4/9 a.m.The CAUSE OF DEATH* was as follows:
Insufficiency of the Torus Aorta12 CONTRIBUTORY (Secondary) None 13 Where was disease contracted? _____ If not at place of death? _____

14 Did an operation precede death? _____ Date of _____

15 Was there an autopsy? _____
16 Name and address of physician Clinical
Carlton A. Bates
2015 - 1st St. Hillsdale, Mich.

*State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, (1) INJURY and FRACTURE of LIMBS, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL (See reverse side for further instructions.)

17 PLACE OF BURIAL, CREMATION, OR REMOVAL Angola, Com. Date of Burial Oct 25 192018 Undertaker J.H. Mines Address Hillsdale, Mich.