

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. See instructions on back of certificate.

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

154

PLACE OF DEATH.  
County of Franklin  
Township of ..... Registration District No. 392 File No. 1303  
or .....  
Village of ..... Primary Registration District No. 8187 Registered No. 1294  
of .....  
City of Columbus Ohio 1321 Franklin Ave Ward .....  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]  
FULL NAME Thomas L. Rogers

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)  
6 DATE OF BIRTH January - Ninth - 1893  
(Month) (Day) (Year)  
7 AGE 91 yrs. 3 mos. 24 ds. If LESS than 1 day, hrs. or min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
9 BIRTHPLACE (State or country) Highland County Ohio  
10 NAME OF FATHER William Rogers  
11 BIRTHPLACE OF FATHER (State or country) Winchester Va  
12 MAIDEN NAME OF MOTHER Mary Leonard  
13 BIRTHPLACE OF MOTHER (State or country) Winchester Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thas. P. Amberg  
(Address) 1321 Franklin Ave Columbus O.

15 Filed 5/5 1914 by J. L. Davis Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 3, 1914  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from Apr 10, 1914, to May 4, 1914, that I last saw h..... alive on May 2, 1914, and that death occurred, on the date stated above, at..... m.  
The CAUSE OF DEATH\* was as follows:  
Senility  
(Duration) yrs. mos. ds.

Contributory (SECONDARY)  
(Duration) yrs. mos. ds.  
(Signed) Edw. Reinert, M.D.  
May 4, 1914 (Address) 1417 20th

\*State (1) the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (2) MEANS OF INJURY; and (3) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence Colum Ohio

19 PLACE OF BURIAL OR REMOVAL New Vienna O DATE OF BURIAL May 6, 1914  
20 UNDERTAKER R. E. Jones & Son ADDRESS Colum Ohio