

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

11007

1. PLACE OF DEATH *Vernon*
 County *Vernon* Registration District No. *877* File No. _____
 Township *Schell City* Primary Registration District No. *4530* Registered No. *7*
 City *Schell City* (No. _____) St. _____ Ward _____

2. FULL NAME *John Vogt*
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. *5* mos. *-* da. *26* 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 or (OR) WIFE of *Husband Christina Vogt*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *9-7-1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 6 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Retired Farmer*
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) *Ohio*

10. NAME OF FATHER *Charles Vogt*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Catharina Graue*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) *Germany*

14. INFORMANT *John Vogt*
 (Address) *Schell City Mo*

15. FILED *4/4 1922* *H. C. Jarvis*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 10 1922*

17. I HEREBY CERTIFY That I attended deceased from *July 9 1921* to *Mar 10 1922*
 and I last saw him alive on *Mar 10 1922* at *10 23* and that death occurred, on the date stated above, at *8:30 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
460
Probably (duration) *3* yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT A PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *Feb 10 1922*
 WAS THERE AN AUTOPSY? *No*
 WHAT TEST CONFIRMED DIAGNOSIS? *Microscopical*
 (Signed) *J. E. Culson* M. D.
 (Address) *Schell City Mo*

*State the DISEASE CAUSING DEATH, or in deaths from violent CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Green Lawn* DATE OF BURIAL *Mar 13 1922*

20. UNDERTAKER *Mrs. Lewis Lons* ADDRESS *Schell City 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.

