

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

4578

1. PLACE OF DEATH

County Franklin Registration District No. _____
Township Franklin Primary Registration District No. _____
City Kansas City (No. 2439) 670th St. _____

File No. _____
Registered No. 207
St. _____

2. FULL NAME

Levey M. Hogue
(a) Residence. No. 2439 E. 70th St. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. _____ ds. 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Levey M. Hogue

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 | 9 | 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Mail carrier
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer U.S. Post

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

10. NAME OF FATHER John A. Hogue

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Annis Delavan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penna.

14. INFORMANT F. L. Hogue
(Address) 574 Maple St.

15. FILED 7/6, 1926 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1926

17. I HEREBY CERTIFY, That I attended deceased from 10-1 1925, to 2-4 1926, that I last saw him alive on 2-4 1926, and that death occurred, on the date stated above, at 7-55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) Angina Pectoris
(duration) 3 yrs. + mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy - physical

(Signed) J. H. Hollar
75, 1926 (Address) 4801 Prospect A

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Barbours - Mo. 7/6 1926

20. UNDERTAKER ADDRESS

Mrs. L. L. Forster K.C.

K. 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.

RECORD WITH OPAIDING INK—THIS IS A PERMANENT RECORD

