

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

Do not use this space.

27753

**1. PLACE OF DEATH**

County Moan  
Township Wheat  
City Ethel (No. 9210)

Registration District No. 531  
Primary Registration District No. 4317

File No. 2  
Registered No. 58  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Aspha Berdeta Hogensaw  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**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 OF (OR) WIFE OF**

April 28 - 1884

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>43</u>	<u>4</u>	<u>8</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Clerk  
(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) Mo

**10. NAME OF FATHER**

Peter Hogensaw

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Norway

**12. MAIDEN NAME OF MOTHER**

Susan Olson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Norway

**14. INFORMANT**

Susan Hogensaw  
(Address) Ethel Mo

**15. FILED**

Sept 27 1927 J. M. Moutman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 9/8 1927

**17. I HEREBY CERTIFY, That I attended deceased from** May 1, 1927, to Sept 6, 1927, that I last saw her alive on Sept 6, 1927, and that death occurred, on the date stated above, at Ethel Mo.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma Cancer

5312

(duration) 1 yrs. 2 mos. 2 ds.

**CONTRIBUTORY (SECONDARY)**

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF 6/10-1926

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) Dr. H. H. Goch, M. D.

, 19 \_\_\_\_\_ (Address) Ethel 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.

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

Ethel Mo | 9/8 1927

**20. UNDERTAKER**

Hoyang | Ethel Mo

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.

1927

