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.

01 2 - 1927

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

Do not use this space.

29611

85

1. PLACE OF DEATH
County: Buchanan — Registration District No. 1001 — File No.
Township: — Primary Registration District No. — Registered No. 1068
City: St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME: Harman F. Vogel
(a) Residence. No. 811 No. 22nd. St. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Grace Vogel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June, 21, 1875

7. AGE: Years 52 — Months 3 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lieutenant, Police
(b) General nature of industry, business, or establishment in which employed (or employer): Department
(c) Name of employer: City of St. Joseph,

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo.

PARENTS
10. NAME OF FATHER: Frederick Vogel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Rosetta Stettler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ~~Germany~~ Ohio.

14. INFORMANT: Mrs/Grace Vogel
(Address) 811 No. 22nd. St.

15. FILED 10/19, 1927 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct, 17, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1927, to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11.45 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82.4
74 a 1
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? view & history
(Signed) J. W. Mays Coroner, M. D
10/18, 1927 (Address) St Joseph 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: Mt. Mora Cemetery — DATE OF BURIAL: Oct, 20, 1927

20. UNDERTAKER: N. Muirhoffer — ADDRESS: 1302 Faraon St.