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

Do not use this space.

11151

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2981

City ..... (No. St Luke's Hospital St. ..... Ward)

2. FULL NAME Earnest K Vogt.

(a) Residence. No. 316 E. Washington St., 12 Ward. Effingham Ill
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14. 1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	4	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant.
(b) General nature of industry, business, or establishment in which employed (or employer): Sporting goods.
(c) Name of employer: Vogt Bros.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Effingham Ill

PARENTS

10. NAME OF FATHER: Henry Vogt.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Effingham Ill
12. MAIDEN NAME OF MOTHER: Anna Druen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

14. INFORMANT: Frank W. Vogt.
(Address) Effingham Ill.

15. FILED: 16 1928 Max C Starkey REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/16/28 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1928, 19..., to March 16, 1928 that I last saw him alive on 3/16/28, 19..., and that death occurred, on the date stated above, at 12 25 P m.

118c THE CAUSE OF DEATH* WAS AS FOLLOWS:
93A Myocarditis Acute Pyloric Obstruction due to adhesions from previous operation done 3 yrs ago for appendicitis
(duration) Hrs. Ml. Bl. Ds.

CONTRIBUTORY (SECONDARY) Post Operative non-function of Stomach (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Effingham Ill.
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 1-11-28
WAS THERE AN AUTOPSY? no. 3-9-28
WHAT TEST CONFIRMED DIAGNOSIS? Examination & Operation

(Signed) E. O. Martin, M. D
, 19 (Address) 1043 Missouri Bldg

*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: Effingham Ill
DATE OF BURIAL: Mar 16 1928

20. UNDERTAKER: Alexander and Sons
ADDRESS: 6175 Delmar

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.

Dr. Martin - [illegible]