JUN 1 1928

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

Do not use this space.

13752

1. PLACE OF DEATH
County Jasper — Registration District No. 415 — File No.
Township Sarcoxie — Primary Registration District No. 4247 — Registered No.
City Reeds (No. ... St. ... Ward)

2. FULL NAME Ellen May Hogan
(a) Residence. No. ... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. ~~IF MARRIED, WIDOWED,~~ OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF L. H. Hogan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24, 1879

7. AGE 48 YEARS MONTHS DAYS — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

PARENTS
10. NAME OF FATHER D. L. Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Drake
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

14. INFORMANT (Address) L. H. Hogan

15. FILED 4/28, 1928 Geo. H. Bragdon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928, to Apr 27, 1928, that I last saw her alive on Apr 27, 1928, and that death occurred, on the date stated above, at 11.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of the Uterus

4 46 (duration) 3 yrs. 1 mos. 9 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Geo H Bragdon, M. D
4/28, 1928 (Address) Reeds 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 Van Buren — DATE OF BURIAL 4/29, 1928

20. UNDERTAKER Sarcoxie Und. Co. — ADDRESS Sarcoxie Mo.

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.