

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

Do not use this space.

14355

1. PLACE OF DEATH

County Cherokee
Township Rolla
City Rolla (No. _____) St. _____ Ward _____

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 32

2. FULL NAME

Georgia I. Ogden

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

C. J. Ogden

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

DEC 11 - 1904

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hr. or _____ min.
23	4	19	

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Licking
(STATE OR COUNTRY) Tex Co Mo

10. NAME OF FATHER

Washington Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Rolla
(STATE OR COUNTRY) Cherokee Co Mo

12. MAIDEN NAME OF MOTHER

Bertha Emma

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Grandon
(STATE OR COUNTRY) Ripley Co Mo

14. INFORMANT

C. J. Ogden
(Address) Licking, Mo.

15. FILED

May 1, 1928
Joe F. Myers
REGISTRAR

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

April 30 1928

17. I HEREBY CERTIFY That I attended deceased from March 27, 1928, to April 30, 1928 that I last saw her alive on April 30, 1928, and that death occurred, on the date stated above, at 8:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Subacute nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Adelmy McFarland, M. D.
April 30, 1928 (Address) _____

*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

Near Licking Mo.

DATE OF BURIAL

May 1 1928

20. UNDERTAKER

Mull & Dicklider

ADDRESS

Rolla, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

