

OCT 30 1928

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

Do not use this space.

30990

1. PLACE OF DEATH

County LewisRegistration District No. 477Township CapitanPrimary Registration District No. 5641City Capitan (No.)

File No.

Registered No. 43

St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.

(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

Female

4. COLOR OR RACE

White

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

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJoseph Bader

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

3-3-1841

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.87528

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRetired Farmer(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)

Ireland

10. NAME OF FATHER

James Hogan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Barrett Murphy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT

(Address)

Mrs Joe Logsdon
Capitan, Mo

15.

FILED

Sept 1, 1928W. S. Kelly

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 - 1928

17. I HEREBY CERTIFY, That I attended deceased from

Aug 20, 1928, to Sept 1, 1928that I last saw him alive on Sept 31, 1928, and thatdeath occurred, on the date stated above, at Capitan, Mo

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Regurgitation of Heart92A950(duration) 1 yrs. mos. ds.CONTRIBUTORY Chronic Esthenia

(SECONDARY)

(duration) 16 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. S. Kelly, M. D.9-1, 1928 (Address) Capitan 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

St Patrick, Mo Sept 3, 1928

20. UNDERTAKER

ADDRESS

W. S. Kelly Capitan 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.

100-1000