

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

Do not use this space.

31315

1. PLACE OF DEATH
 County Phelps Registration District No. 678 File No. _____
 Township St. James Primary Registration District No. 5904 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Thelma M. Hogue
 (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 14 yrs. - mos. - da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 15 - 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>13</u>	<u> </u>	<u>4</u>	<u>17</u>	<u> </u>

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

9. BIRTHPLACE (CITY OR TOWN) Phelps Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER M. S. Hogue

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marion Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louisa Strack

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Phelps Co Mo
(STATE OR COUNTRY)

14. INFORMANT M. S. Hogue
(Address) St. James Mo

15. FILED 9-4-28 1928 Henry T. Walton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-2 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 2, 1928, to Sept 2, 1928 that I last saw him alive on Sept 2, 1928, and that death occurred, on the date stated above, at 6:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Internal injury to heart and lungs
2109 (duration) instantaneous da.
 CONTRIBUTORY was run over by truck
 (SECONDARY) loaded (duration) yrs. mos. da.

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? Chemical
(Signed) William H. Brown, M. D.

9/3/28, 1928 (Address) St. James 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 Miles cem DATE OF BURIAL 9-4 1928

20. UNDERTAKER W. E. Lucklider ADDRESS St. James 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.

1944
BY

8—Particular Location of...
USE TO DEATH in plain language

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Cherokee Registration District No. 678 File No.
 Township St James Primary Registration District No. 5904 Registered No.
 City (No.) St. Ward

2. FULL NAME Willis W Hogue
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

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

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

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-2-28

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... (that I last saw h..... alive on) 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Internal injuries to heart & lungs
caused by truck loaded with grapes
in front of their property, Cherokee county
Mo. Was run over by truck
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....
 Did AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHOSE TEST CONFIRMED DIAGNOSIS?..... (Signed) M. D. 19..... (address)

*State the DISEASE CAUSING DEATH, or in death from VIOLENCE 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
while the truck was being or dumping grapes and fell along side of road
buried

20. UNDERTAKER ADDRESS

14. INFORMANT (Address)

15. FILED Oct 9 1928 Henry D. Walter REGISTRAR

N. B.—Ev should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-31315