WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 22 1928

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

Do not use this space.

34018

1. PLACE OF DEATH
County Jefferson
Township Rock
City ( )
Registration District No. 423
Primary Registration District No. 5578
File No. 30
Registered No.
(No. , St. Ward)

2. FULL NAME Minnie Pogue
(a) Residence. No. Murphy Mo 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28 - 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	4	11	

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

PARENTS
10. NAME OF FATHER Fred Rennebaum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Carolina Hinchen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT George A. Pogue
(Address) Valley Park Mo #2

15. FILED Oct 9, 1928 H. Wm. Ebel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from August 2 6th, 1928, to Oct 9th, 1928 that I last saw her alive on Oct 3th, 1928, and that death occurred, on the date stated above, at at 5 20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Apoplexy
(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. Dalton M. D
Oct 9, 1928 (Address) Fenton 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 McCormick Cemetery Murphy Mo
DATE OF BURIAL Oct 11 1928

20. UNDERTAKER John G Koch
ADDRESS Fenton Mo