

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

Do not use this space.

2131

1. PLACE OF DEATH

County Jefferson
Township Rock

Registration District No. 423
Primary Registration District No. 5578

File No. 1
Registered No. _____
St. _____ Ward _____

2. FULL NAME George A. Pogue

(a) Residence. No. Valley Park Mo #2 St. Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10th 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	76	3	21	

8. OCCUPATION OF DECEASED Farmer
(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) Lewis Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph C. Pogue

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

12. MAIDEN NAME OF MOTHER Anna Kinnor

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

14. INFORMANT M. J. Pogue
(Address) House Springs Mo

15. FILE NO. 111 1929 H. M. Ebel REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 9th 1928, to Jan 11th 1929 that I last saw him alive on Jan 11th 1929, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart
swollen

106 lb
95 lb (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchitis Acute
(duration) yrs. mos. ds. 3

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.

111, 1929 (Address) Fulton 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 DATE OF BURIAL Jan 11 1929

20. UNDERTAKER John D. Rock ADDRESS Fulton Mo

22 1929
 5000
 This should state "is very important" is very important.
 Properly classified. Exact.

...X... betata ad bfm... ..

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