JAN 28 1929

95
0
0

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

Do not use this space.

3272

1. PLACE OF DEATH
County St. Genevieve
Township Union
City ..... (No. ..... St. ..... Ward)

Registration District No. 934
Primary Registration District No. 6026

File No. .....
Registered No. 11

2. FULL NAME Martha Edith Vogel

(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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 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)

PARENTS

10. NAME OF FATHER Emmet Vogel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ste. Genevieve
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mabel Harrington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ste. Genevieve
(STATE OR COUNTRY) County, Missouri

14. INFORMANT Emmet Vogel
(Address) Harmington, Missouri

15. FILED 1-9-, 1929 Wm A Rotte
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6 1929

17. I HEREBY CERTIFY, That I attended deceased from January 6, 1929, to Jan. 6, 1929 that I last saw her alive on Jan. 6, 1929, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
159
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1610
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. Appleberry, M. D
1-6-, 1929 (Address) Harmington, 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 Little Vine Cemetery
DATE OF BURIAL Jan 8 1929

20. UNDERTAKER Farmington Co Farmington Mo.
ADDRESS

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.