

JUL 26 1929

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

Do not use this space.

22047
File No. 22047
Registered No. 164
1st Ward

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Mason Primary Registration District No. 3629
City Hannibal (No. Bridge Mississippi River St. 1st Ward)

2. FULL NAME

Leo Fogle
(a) Residence. No. 700 Bridge St. Missouri Ward. 1st
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Altam
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER John Fogle

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

12. MAIDEN NAME OF MOTHER Pre Bell Hunter

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

14. INFORMANT Mr. John Fogle
(Address) Bridge St. Hannibal, Mo

15. FILED 929 29 19 19 Huston Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-28-1929

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 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Drowned By Falling out of Boat.

2130 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 182 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) James O'Donnell M.D.
(Address) Hannibal, 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 not Drowned

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Josephs
Woodland Cemetery DATE OF BURIAL 6-30-1929

20. UNDERTAKER James O'Donnell ADDRESS Hannibal 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.

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RECORD WITH OYDING INK—THIS IS A PERMANENT RECORD

