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

Do not use this space.

File No. 25327 a

Registered No.

1. PLACE OF DEATH
County Ralls
Township Clay
City (No. Ralls Co. Mo. St. Ward)

Registration District No. 728
Primary Registration District No. 5961

2. FULL NAME Mary Julia Bogue

(a) Residence. No. Ralls Co. 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.

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.

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 Jefferson D. Bogue

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27 - 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	3	

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

9. BIRTHPLACE (CITY OR TOWN) Ralls Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Wm Leonard
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Elizabeth Combs.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT J. D. Bogue
(Address) Hannibal R.F.D.

15. FILED 9-9, 1929 Marvin Short
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 1929

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1929, to July 30, 1929 that I last saw h. alive on July 30, 1929, and that death occurred, on the date stated above, at 3:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy

(duration) yrs. 28 hours

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

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? Clinical
(Signed) P. J. Reichmann, M. D.
July 31, 1929 (Address) Oakwood 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: Salt Rich Cemetery
DATE OF BURIAL: Aug 1 1929

20. UNDERTAKER: Wm M. Smith
ADDRESS: Hannibal