

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

Do not use this space.

28589

1. PLACE OF DEATH

County Boone  
Township Greene  
City Greene (No. ....)

Registration District No. 68  
Primary Registration District No. 5912

File No. ....  
Registered No. 34  
St. .... Ward)

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

|                                                                                       |                                  |                                                                            |
|---------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------|
| 3. SEX<br><u>Female</u>                                                               | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF (OR) WIFE OF <u>C. A. Bankhead</u> |                                  |                                                                            |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar. 16-1886</u>                            |                                  |                                                                            |
| 7. AGE                                                                                | YEARS                            | MONTHS                                                                     |
|                                                                                       | <u>43</u>                        | <u>5</u>                                                                   |
|                                                                                       |                                  | <u>1</u>                                                                   |
| If LESS than 1 day, .... hrs. or .... min.                                            |                                  |                                                                            |

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)

(STATE OR COUNTRY) Mo.

PARENTS

|                                                            |
|------------------------------------------------------------|
| 10. NAME OF FATHER <u>C. H. Ogden</u>                      |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Greene, Mo.</u> |
| 12. MAIDEN NAME OF MOTHER <u>Maybetta Robinson</u>         |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Greene, Mo.</u> |

14.

INFORMANT Mrs. C. H. Ogden  
(Address) Greene, Mo.

15.

FILED 9/10 1929 W. B. Summers  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1927 to Aug 17, 1929  
that I last saw him alive on July 30, 1929, and that death occurred, on the date stated above, at Aug 17, 2:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of left heart

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. H. Kinsley M. D.

, 19 (Address) Barber's Green 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

DATE OF BURIAL

Bowling Green Cemetery 8-18- 1929

20. UNDERTAKER

ADDRESS

Grace Bankhead Bowling Green Mo.

X. R.—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.

