

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

Do not use this space.

32191

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 100B
 City St. Louis (No. City Hospital 2)

File No. 9238
 Registered No. St. Ward)

2. FULL NAME

Jessie Bogley
 (a) Residence No. 1903 A Franklin 21 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 <u>Female</u>	4. COLOR OR RACE <u>Caucas</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4-22-1915</u>				
7. AGE	YEARS <u>14</u>	MONTHS <u>4</u>	DAY <u>21</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House work</u> (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)

Ark

PARENTS	10. NAME OF FATHER <u>C. J. Bogley</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Paul Walbert</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>

14. INFORMANT A. Gertrude Creath
 (Address) City Hospital #2

15. FILED Aug 21 1929 REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-13 1929
 17. I HEREBY CERTIFY, That I attended deceased from 9-10, 1929, to 9-13, 1929
 that I last saw him alive on 9-13, 1929 and that death occurred, on the date stated above, at 6:08 A.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Eclampsia (
14 1/2
130 (duration) yrs. mos. 3 ds.
 CONTRIBUTORY Acute nephritis
 (SECONDARY) (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT A PLACE OF DEATH Home
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 9-12-29
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. W. Leathers, M. D.

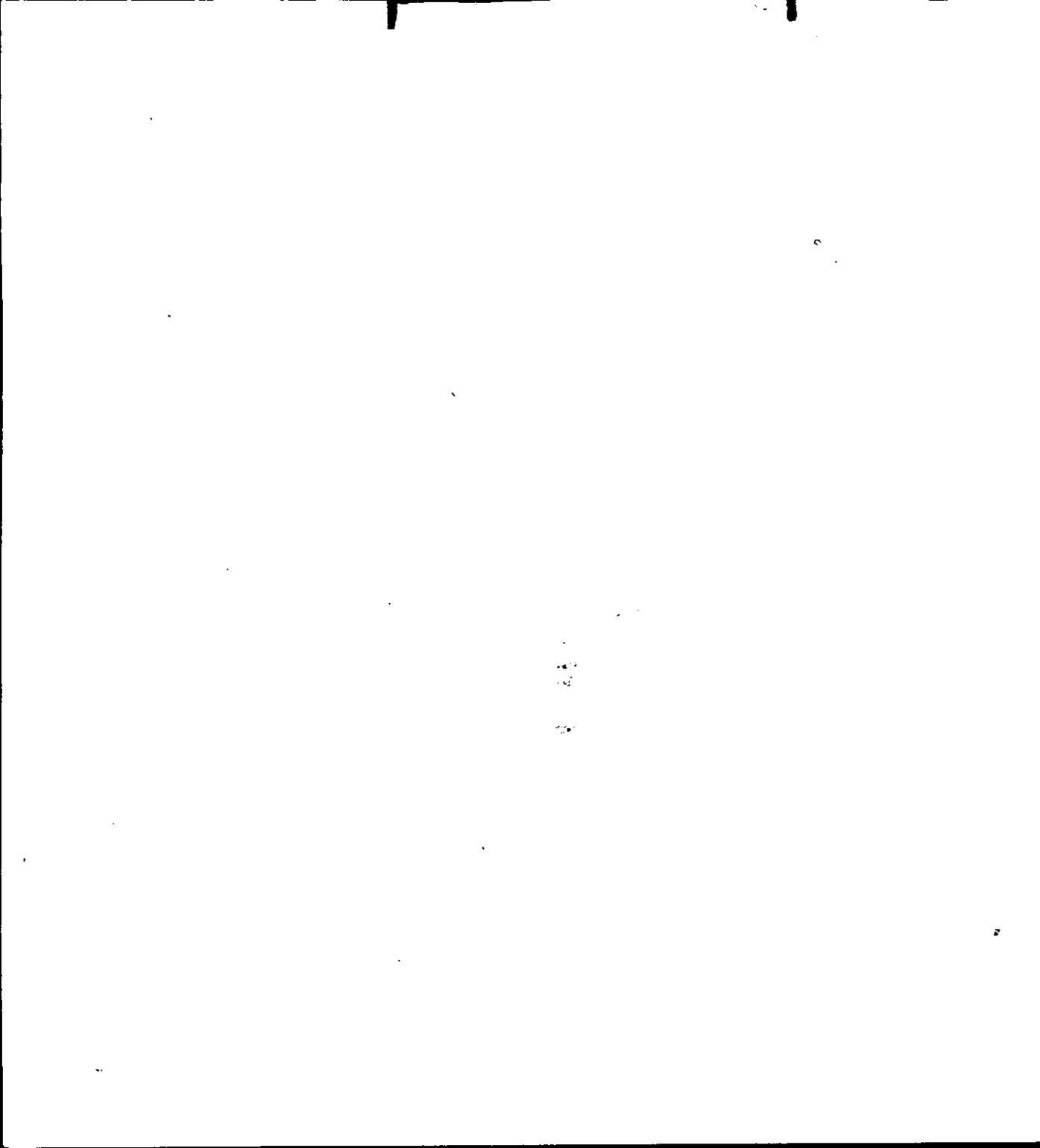
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Washington Park</u>	DATE OF BURIAL <u>9/17</u> 19 <u>29</u>
20. UNDERTAKER <u>Peoples Und. Co.</u>	ADDRESS <u>3100 Franklin</u>

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

261
2
31
2



requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: _____

Who died at: _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years 14 Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: _____

Contributory: _____

Where was disease contracted? _____

Did operation precede death? _____

Jessie Bosley

St. Louis, Mo. on *Sept. 13, 1929.*

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Eclampsia Puerperal, duformation

given over phone by Dr. H. Weathers, 2-25-30 Div. of U.S. Agric. connect.

Acute Nephritis

S-32491