

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

Do not use this space.

1. PLACE OF DEATH

County Lepas Registration District No. 868
 Township Sherrill Primary Registration District No. 6149
 City (No) _____ St. _____ Ward)

File No. 3802
 Registered No. 1

2. FULL NAME

Caroline Ogle
 (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 W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mitchell Ogle
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 17

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) Nashville
 (STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Louis Dickey
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Allen Davis
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)

14. INFORMANT M. Ogle
 (Address) Licking Mo

15. FILED Jan 31, 1930 W. R. Reid
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 29, 1930
 17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1930 to Jan 29, 1930
 that I last saw him alive on Jan 29, 1930 and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intercostal Neuralgia
87A (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) W. L. Reed M. D.
1-31, 1930 (Address) Licking 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 Mount Olive Cem
 20. UNDERTAKER Community Club
 DATE OF BURIAL Feb 1, 1930

ADDRESS Boone Creek Mo

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

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.

20 1930/09

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