

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.

28 1930

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

Do not use this space.

5673

1. PLACE OF DEATH:

County Marion
Township Johnson
City (No.)

Registration District No. 546
Primary Registration District No. 5735

File No.
Registered No. 3
St. Ward)

2. FULL NAME

John Mulkey Hogue
(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20 - 1860

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
<u>69</u>	<u> </u>	<u>3</u>	<u>28</u>	<u> </u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Vesby Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John M. Hogue

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

12. MAIDEN NAME OF MOTHER Angerona Ferrell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Ind

14. INFORMANT J. G. Hogue
(Address) St James Mo

15. FILED Feb 25, 1930 Sam A. Warner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 18 1930

17. HEREBY CERTIFY, That I attended deceased from Jan 17 to Jan 18, 1930, that I last saw him alive on Jan 18, 1930, and that death occurred, on the date stated above, at a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the right kidney

51A (duration) Unknown

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Natural
(Signed) J. B. Underwood M. D.

(Address) St James 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 Miles Cem DATE OF BURIAL 2 - 19 1930

20. UNDERTAKER W. H. Kehler ADDRESS St James Mo

