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

Do not use this space.

8872

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1251

Township Kaw — Primary Registration District No. 1002 — Registered No.

City K. C. Mo. (No. 4808 Chelsa Ave St. Ward)

2. FULL NAME Mary Bogar

(a) Residence. No. 4808 Chelsa Ave. St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fe.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Bogar

6. DATE OF BIRTH (MONTH, DAY AND YEAR): November 28-1859

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
72	3	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Vir.

PARENTS

10. NAME OF FATHER: John Bogar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Vir
12. MAIDEN NAME OF MOTHER: Sarah Brofreon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: Clarence Bennett
(Address) 2741 Chelsea K. City, Mo

15. FILED 3/21, 1930 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): March 21 1930

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1930, to March 20, 1930 that I last saw her alive on March 20, 1930, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage -
82 A
97
102 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Arthur Sclerosis + Hypertension
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination
(Signed) Arthur A. Hobbs, M. D.
Mar 21, 1930 (Address) 3321 E 30

*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: Forest Hill — DATE OF BURIAL: March 22 1930

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K. C. Mo.

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.

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Dr. Wallace
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