

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

Do not use this space.

18730

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City 1/2 Mile South of Saxton, Mo. No. 1/2 Mile South of Saxton, Mo. St. Ward

File No.
 Registered No. 54

2. FULL NAME Ann Ella FOGG,

(a) Residence, No. 1/2 M.S. of Saxton, Mo. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James V. Fogg,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30th, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 17

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) St. Joseph,
 (STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Henry Smith,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Elizabeth Lillard,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Kentucky,

INFORMANT Thomas E. Fogg
 Address Saxton, Missouri.

119 19 30 J. G. Raubach
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) June 17, 1930

I HEREBY CERTIFY That I attended deceased from to
 that I last saw her alive on June 10, 1930 and that death occurred, on the date stated above, at 17:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile dementia

 (duration) yrs. mos. ds.
 CONTRIBUTORY Arterio-sclerosis
 (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) M. D.

(Address)

*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 June 19, 1930.

Engliah Cemetery

20. UNDERTAKER ADDRESS

Heaton-Bryce-Brewer 519 S. 10 St.

Successor Firm

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. STATE IN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

No. 2

N. B. BY CAUSE



1280