

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

Do not use this space.

39745

1. PLACE OF DEATH

County Jackson
Township Beaumont
City Lecky, Mo. (No. 4)

Registration District No. 403
Primary Registration District No. 5257

File No. 26
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Pauline Winifred Ogan
(a) Residence. No. 4613 E. 17th St. St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18, 1907

7. AGE YEARS 23 MONTHS 1 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Stellwell, Kansas
(STATE OR COUNTRY) _____

10. NAME OF FATHER W. T. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Daisy Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

14. INFORMANT Allen Smith
(Address) Bellton, Mo.

15. FILED 12-26-30 W. W. Hobbs, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec. 24 1930
17. **18. I HEREBY CERTIFY, That I attended deceased from** Dec. 1, 1930, to Dec. 24, 1930
that I last saw him alive on Dec. 24, 1930 **and that death occurred, on the date stated above, at** 3:14pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis

23A
25
(duration) 1 yrs. 2 mos. _____ ds.
CONTRIBUTORY (SECONDARY) Tuberculous enteritis
(duration) _____ yrs. 2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Kansas City, Mo.
IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS W. H. Hedges, M.D.
(Address) 814 Professional Bldg., Bellton, Mo.

*State the DISEASE CAUSING DEATH, or INJURY FOR VIOLENCE, CAUSE OF DEATH (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellton Mo. DATE OF BURIAL 12/29 1930

20. UNDERTAKER E. K. Gump & Sons ADDRESS Bellton

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.

JAN 20 1931

Professional Advg -