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 22 1931

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

Do not use this space.

39869

1. PLACE OF DEATH
County J Pherson
Township Joachim
City ~~Crystal~~ (No. ..... St. ..... Ward)

Registration District No. 421
Primary Registration District No. 5575

File No. .....
Registered No. 106

2. FULL NAME Isabel Danz
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julius Danz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	34	4	26	

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) Hillsboro
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER James Robt. Ogle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hematite
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Nancy Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hillsboro
(STATE OR COUNTRY) Mo

14. INFORMANT Nancy Ogle
(Address) Hematite Mo

15. FILED 12/8 1930 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC 7 1930

17. I HEREBY CERTIFY, That I attended deceased from 1st July, 1930, to DEC 7, 1930 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6.30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
..... (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? No DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) J Donnell, M. D.
Dec 8, 1930 (Address) Crystal City 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	DATE OF BURIAL
Hematite Cemetery	12/9 1930

20. UNDERTAKER C H Barnhart
ADDRESS Crystal City Mo