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.

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

Do not use this space.

27

18793.

1. PLACE OF DEATH
County: Andrew — Registration District No.: 18 — File No.:
Township: Monroe — Primary Registration District No.: 5013 — Registered No.: 1
City: ~~St. Joseph~~, (No. 6 mi. So. East of Cosby, Mo. St. Ward)

2. FULL NAME: August Vogel
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Vogel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug, 28, 1852

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waldeck, Germany

PARENTS
10. NAME OF FATHER: Christian Vogel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Waldeck, Ger.
12. MAIDEN NAME OF MOTHER: Elizabeth Gruenhaupt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Waldeck, Ger.

14. INFORMANT: Mrs. Katherine Vogel
(Address): Clarksdale, Mo.

15. FILED Jan 2, 1931 C. L. Allen. REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan, 2, 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1930, to Jan 2, 1931, that I last saw him alive on Jan 2, 1931, and that death occurred, on the date stated above, at 8.50 P.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Accidently fell in fire while in a fit of Epilepsy and badly burned, which caused death.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Epilepsy 181
(duration) 186 A yrs. mos. ds.
85

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) C. L. Allen, M. D.
1-2-, 1931 (Address) C. L. Allen.

*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: Cosby Evangelical Cemetery — DATE OF BURIAL: Jan, 4, 1931

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St. St. Joseph, Mo.