

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.

MAR 26 1931

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

Do not use this space.

6531

10

File No. _____
Registered No. _____
St. _____ Ward) _____

1. PLACE OF DEATH

County Perry
Township Putnam Mo.
City Putnam Mo. (No. _____)

Registration District No. 660
Primary Registration District No. 4396

2. FULL NAME Charles H. Vogt

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Ellen Vogt. (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17th 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 5 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work General Merchandising
(b) General nature of industry, business, or establishment in which employed (or employer) 1104
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County Mo.

PARENTS
10. NAME OF FATHER Cooper Vogt.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Theresa Schindler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.

14. INFORMANT Julian Vogt.
(Address) Putnam Mo.

15. FILED 2/21/31 Des. & H. K. K. REGISTRAR
San H. K. K.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20th 1931
17. I HEREBY CERTIFY, That I attended deceased from Dec. 23rd, 1930, to Feb. 20th, 1931.
that I last saw him alive on Feb. 17th, 1931, and that death occurred, on the date stated above, at 4:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
59 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 59 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 7th 1931
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? H. H. Parks M. D.
(Signed) _____
, 19 _____ (Address) Putnam 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 Mount Hope Cem. DATE OF BURIAL 2/21 1931

20. UNDERTAKER Zachner & Young ADDRESS Putnam Mo.

