

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

Do not use this space.

14546

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Marion Primary Registration District No. 3020
 City Carthage (No. Mo. Curie - Brooks Hospital) Ward

2. FULL NAME

Tom Hogan
 (a) Residence, No. E. Fifth St. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary (Deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1847</u> <u>Marion</u>		
7. AGE YEARS <u>84</u>	MONTHS —	DAYS —
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer 297</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. 19</u> <u>Arkansas</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>Mrs. Silas Moore</u> <u>Carthage, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedar Hill</u> DATE <u>April 17, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Knees Mortuary</u> <u>Carthage, Mo.</u>		
20. FILED <u>Apr 18, 1931</u> <u>Q. H. Fitcham</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1931

22. HEREBY CERTIFY, That I attended deceased from Apr. 13, 1931, to Apr 14, 1931.
 I last saw him alive on Apr 14, 1931. Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of urinary bladder Date of onset
512 and prostate gland
512
1350
 Other contributory causes of importance:
Secondary infection
with retention of urine Feb. 30
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) P. W. Webster, M. D.
 (Address) Carthage Mo.

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.

MAY 25 1931

