

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

Do not use this space.

20761

1. PLACE OF DEATH

County Cape Girardeau
Township Boyer
City Jackson Mo (No.)

Registration District No. 124
Primary Registration District No. 4070

File No.
Registered No. 29
St. Ward)

2. FULL NAME

Henry C Voges

(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 (OR) WIFE OF Lena Stevens Voges

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 2 13

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, 10

10. NAME OF FATHER Fred Voges

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

12. MAIDEN NAME OF MOTHER Vastulsky

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

14. INFORMANT Wm P Voges
(Address) Jackson mo

15. FILED 6-28-31 D. G. Suber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26, 1931

17. I HEREBY CERTIFY, That I attended deceased from Spring, 1930, to June 26, 1931, that I last saw h. alive on June 26, 1931, and that death occurred, on the date stated above, at about 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Dementia,
Artero-Sclerosis

97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) MM (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPEY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. W. Hays, M. D.

June 28, 1931 (Address) Jackson, 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 Jackson City Cemetery DATE OF BURIAL June 28 1931

20. UNDERTAKER McCombs Funeral & Jackson
ADDRESS

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.

JUL 23 1931

