

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

Do not use this space.

Dr. G. Hogeboom
File No. 21162
Registered No. 486
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. 318
Township Maplefield No. 2 Registration District No. 2001
City St. Louis No. 842, D. Pickarwick St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Dr. Hogeboom (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 Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 2 2 _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Scotland

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT Dr. Hogeboom (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Cremated DATE 6/24 1923

19. UNDERTAKER Herman Lohmeyer (ADDRESS) Springfield, Mo.

20. FILED 6-23 1931 John Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1931

I HEREBY CERTIFY That I attended deceased from July, 1928, to June 23, 1931

I last saw him alive on June 22, 1931. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

510 Date of onset _____

Carcinoma of Prostate

Other contributory causes of importance: 510

Name of operation Prostatectomy Date of July 1928

What test confirmed diagnosis? Pathology Was there an autopsy? _____

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 George Hogeboom, M. D. (Address) medical arts bldg, Springfield, Mo.

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 24 1931

491