

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

Do not use this space.

29219

**1. PLACE OF DEATH**

County St. Francois  
Township St. Francois  
Near City Farmington, Mo.

Registration District No. 773  
Primary Registration District No. 6018A

File No. \_\_\_\_\_  
Registered No. 106

**2. FULL NAME** John M. Hogg

(a) Residence, No. Belleview, Mo. 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 0 0 0

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

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) Iowa

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hospital Records  
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital cemetery DATE Aug 5 1931

19. UNDERTAKER Jam 7 Co.  
(ADDRESS) Farmington, Mo.

20. FILED Aug 5 1931 Y. J. Robinson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1-1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1927, to 8-1, 1931. I last saw him alive on 8-1, 1931. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Cerebral Apoplexy of several attacks occurring from a period of years, last about 1 month ago.

Other contributory causes of importance: diabetes mellitus and general arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
When last certified diagnosis? clinical Is there an autopsy? no

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) P. S. Tate, M. D.  
(Address) State Hosp. #4 of Farmington, Mo.

SEP 25 1931

