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

Do not use this space.

36258

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10790

City St Louis (No. St Anthony's Hospital St. ..... Ward)

2. FULL NAME Clyde T. Fogle

(a) Residence, No. ..... St., 16 Ward. Ste Genevieve, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Helen R. Fogle.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1887.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	11	25	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hidown.

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) Ohio.

FATHER

13. NAME unknown.

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

MOTHER

15. MAIDEN NAME "

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

17. INFORMANT (ADDRESS) Mrs Helen R. Fogle. Ste Genevieve, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson City, Mo. DATE Oct 27 1931

19. UNDERTAKER (ADDRESS) Peltz Bros 3079 Lafayette Ave.

20. FILED OCT 25 1931 Max C Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931, to Oct 24, 1931

I last saw him alive on Oct 24, 1931. Death is said to have occurred on the date stated above, at 6:58 P.m.

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

	Date of onset
Shock	10/24
Perforated duodenal ulcer	10/24
Other contributory causes of importance:	
ulcer of duodenum	16/11/31

117B

Name of operation Closure of ulcer + gastro-enterostomy Date of 10/24/31

What test confirmed diagnosis? clinical 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 .....

(Signed) M. J. Pulliam, M. D.

(Address) 2767 Grove.

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.

V. S. No. 2.

[illegible] Pullman

3808 [illegible]