

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.

DEC 22 1931

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

Do not use this space.

37332

1. PLACE OF DEATH

County Franklin
Township Boon
City Boon (No)

Registration District No. 290
Primary Registration District No. 6410

File No.
Registered No.
St. Ward)

2. FULL NAME

William F. Vogt

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</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>Elizabeth Vogt</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>10-25-1839</u>		
7. AGE <u>72</u>	YEARS <u>0</u>	MONTHS <u>8</u>
DAYS <u>8</u>		IF LESS than 1 day, ... hrs. or min.

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) New Haven Mo

10. NAME OF FATHER Henry Vogt

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

12. MAIDEN NAME OF MOTHER Minnie Sprick

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

14.

INFORMANT Edna Vogt
(Address) New Haven Mo

15.

FILED Nov 4, 1931 d. J. Herble
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3rd 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1930 to Nov 3, 1931
that I last saw him alive on Nov. 3, 1931, and that death occurred, on the date stated above, at 12 30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF ..

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. E. Embeck, M. D.

" / 4 / 31 (Address) New Haven 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

Boon 11-6- 1931

20. UNDERTAKER

L. C. Fertig New Haven Mo

