

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

Do not use this space.

8876

1. PLACE OF DEATH

49 County Jasper Registration District No. 408
 Township Union Primary Registration District No. 58 63
 City (No. St. Ward)

2. FULL NAME

Inf. dau of Ralph & Edna Ogale
 (a) Residence, No. Carthage R. 3, St. Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1st 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or min. 0 0 0 3 hrs.

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

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) Jasper Co. Mo.

FATHER 13. NAME Ralph Ogale

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.

MOTHER 15. MAIDEN NAME Edna M. Ford

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo.

17. INFORMANT (ADDRESS) Ralph Ogale Carthage R. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Communal Cemetery DATE 3/2 1932

19. UNDERTAKER (ADDRESS) Oliver Drake Carthage Mo.

20. FILED Mar 2 1932 O H Ketcham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932 to Mar 2, 1932

I last saw her alive on Mar 1, 1932 Death is said

to have occurred on the date stated above, at 12:15 A.M.

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

Foetal atelectasis
161A / 161A

Date of onset Mar 1 1932

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) A A Laforce M. D.

(Address) Carthage Mo

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.

MAR 23 1932

Handwritten notes: 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

