

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

Do not use this space.

9714

1. PLACE OF DEATH

County Randolph Registration District No. 735
 Township _____ Primary Registration District No. 3034
 City Moberly (No. 403 Fulton) St. _____ Ward _____

File No. _____
 Registered No. 292

2. FULL NAME

James H. Ogden
 (a) Residence, No. 403 Fulton 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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mildred Ogden</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28th 1850</u>				
7. AGE YEARS <u>81</u>	MONTHS <u>11</u>	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	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) <u>Ill</u>				
FATHER	13. NAME <u>J. Ogden</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>			
MOTHER	15. MAIDEN NAME <u>Minerva Clayton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>			
17. INFORMANT (ADDRESS) <u>Mrs Mildred Ogden</u> <u>Moberly Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Vince</u> DATE <u>July 6th 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Mahan and Son</u> <u>Moberly Mo</u>				
20. FILED <u>3/5</u> 19 <u>32</u> <u>Thos B. Fleming</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1932 to Mar 4 1932
 I last saw him alive on Mar 4 1932 Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral face Date of onset 1926
52
59
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cerebral Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No
 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) W.A. Mege M. D.
 (Address) Moberly, 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.

8698
8698

