

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

Do not use this space.

13142

1. PLACE OF DEATH

58 County Lincoln
Township Portway
City Meadville (No.)

Registration District No. 499
Primary Registration District No. 5664

File No.
Registered No. 3 St. Ward

2. FULL NAME

(a) Residence. J. L. Ogan 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.

PERSONAL AND STATISTICAL PARTICULARS

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

Male | White | Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Rebecca Ogan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
92 | 7 | 6

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) Meadville
(STATE OR COUNTRY) Lin. Co. Missouri

PARENTS

10. NAME OF FATHER Irvin Ogan

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

12. MAIDEN NAME OF MOTHER Rebecca Ogan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Not Ogan
(Address)

15. FILED Apr 7 - 1932 Geo. H. Clarkson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 7 - 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-6 1932, to 4-6 1932 that I last saw him alive on April 6 1932, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocardial degeneration

18. WHERE WAS DISEASE CONTRACTED at home (duration) yrs. mos. ds.

CONTRIBUTORY arterio sclerosis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED no IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) G. H. Clark, M. D.
(Address) 4-7 32

*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 Ogan Cemetery DATE OF BURIAL Apr 8, 1932

20. UNDERTAKER Smiley Bros. ADDRESS Meadville

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. MAY 25 1932

