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.

MAY 26 1932

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

Do not use this space.

File No. 13274

Registered No. 28

1. PLACE OF DEATH

67 County Mississippi — Registration District No. 566

3 Township Tyrone — Primary Registration District No. 3030

4 City Charleston (No. ..., ... St. ..... Ward)

2. FULL NAME Wilma Charles Bogert

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 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)
F	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16, 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	21	8	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 235

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hickman (STATE OR COUNTRY) Ky. 2

PARENTS

10. NAME OF FATHER Charles Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

12. MAIDEN NAME OF MOTHER Ezell

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

14. INFORMANT Mrs. C. P. Bogert (Address) Charleston, Mo.

15. FILED April 27th, 1932 F. S. Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 1 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-27 1932

17. I HEREBY CERTIFY, That I attended deceased from 4/22, 1932, to ....., 19.... that I last saw her alive on 4/27, 1932 and that death occurred, on the date stated above, at 1:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Lobar) following Influenza

11A

108 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1106

..... (duration) ..... yrs. ..... mos. ..... ds.

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 Symptoms

(Signed) E. Chas. Rolwing, M. D.

....., 19.... (Address) Charleston, 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	DATE OF BURIAL
Hickman Kentucky	4-29 1932
20. UNDERTAKER	ADDRESS
Lair Und. Co. F. D. Lair Jr.	Charleston Mo.