

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

Do not use this space.

14867

1. PLACE OF DEATH

County..... Registration District No. 701
 Township St. Louis Primary Registration District No. 1122
 City St. Louis (No. 1122, Euclid)
 Registered No. 4268
 St. Ward)

2. FULL NAME

Charles M. Ogle
 (a) Residence, No. 1122 Euclid St., 12 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 <u>Male</u>	4. COLOR OR RACE <u>Wh</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>Elizabeth Ogle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1860</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>9</u>	DAYS <u>5</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>Machinist</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>Decatur County Iowa</u>		
MOTHER FATHER	13. NAME <u>Barton Ogle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31</u>	
	15. MAIDEN NAME <u>Minerva Arnold</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Elizabeth Ogle</u> <u>1122 Euclid</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Corydon</u> DATE <u>May 2 - 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. S. Stuart</u> <u>1225 Union</u>		
20. FILED <u>MAY -2 1932</u> <u>May 2 1932</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932, to April 29, 1932.
 I last saw him alive on April 25, 1932. Death is said to have occurred on the date stated above, at 7:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis {Date of onset several years.
70%
23
 Other contributory causes of importance:
(1)

Name of operation..... Date of.....
 What test confirmed diagnosis? Sputum Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... 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) H. M. Louvenstein, M. D.
 (Address) Wall Bldg. St. Louis, 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.

