

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

Do not use this space.

18534

1. PLACE OF DEATH
113 County Marion Registration District No. 903
Township Highland Primary Registration District No. 0912 File No. _____
City _____ Registered No. 11
St. _____ Ward _____

2. FULL NAME Mary Ellen Hogan
(a) Residence. No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31-1885
7. AGE YEARS MONTHS DAYS 19 9 10 LESS than 1 day: _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Martinsville
(STATE OR COUNTRY) Ind

10. NAME OF FATHER Thos Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) East Ma
(STATE OR COUNTRY) Ind
12. MAIDEN NAME OF MOTHER Evelyn Wall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) East Ma
(STATE OR COUNTRY) Ind

14. INFORMANT Evelyn Wall
(Address) Grant City Mo

15. FILED 5-12-32 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1932
17. I HEREBY CERTIFY, That I attended deceased from 1928 to May 11 1932
that I last saw her alive on May 9 1932 and that death occurred, on the date stated above, at 6:30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis & Myocarditis

CONTRIBUTORY (SECONDARY) Sclerosis
(duration) _____ yrs. _____ mos. _____ ds.
(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
(Signed) J. K. Phipps, M. D.

(Address) Grant City, 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 Gravey Grove DATE OF BURIAL 6-13 1932

20. UNDERTAKER Cre Greco ADDRESS Grant City

Exact statement of OCCUPATION is very important. Cause of DEATH in plain terms, so that it may be properly classified.

