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.

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

Do not use this space.

31185

1. PLACE OF DEATH
103 County ~~Stoddard~~ Registration District No. 836 File No. 62
Township ~~Ken~~ Primary Registration District No. 6100 Registered No. 62
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lizzie Fogel.
(a) Residence, No. ..... 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David W. Fogel.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1874

7. AGE YEARS 58. MONTHS 1- DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 2 ss
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ House Wife
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) London, Ky.?

FATHER
13. NAME Jess Lomlace.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Not given
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT (ADDRESS) John Wright, Essex, R.I.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Dexter Cem. DATE Sept. 22, 1932

19. UNDERTAKER (ADDRESS) Chied Undertaking Co. Bloomfield, Mo.

20. FILED 9-21- 1932 ~~J. P. Brandon~~ Registrar.
Florence Allen

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19- 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24 1932 to Sept 19- 1932
I last saw her alive on Sept-19- 1932. Death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	7/20/1932
92A	
100A	

Other contributory causes of importance:
Venous Thrombosis left-leg & aortic Reg —
Name of operation none. Date of .....
What test confirmed diagnosis? Widal Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
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? ✓
If so, specify .....
(Signed) J. P. Brandon, M. D.
(Address) Essex, Mo.