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.

NOV 29 1932

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

Do not use this space.

33034

1. PLACE OF DEATH

73 County Newton — Registration District No. 611 — File No.

Township Buffalo — Primary Registration District No. 5813 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ellen E Bogle

(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 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: Henry Bogle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 30 1863

7. AGE: YEARS 69 — MONTHS 8 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): New York

FATHER

13. NAME: Marble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Henry Bogle, Neosho Mo Rt 6

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oakwood Cem DATE: 10/7 1932

19. UNDERTAKER (ADDRESS): Bighamo, Neosho Mo

20. FILED 10/15 1932 C E Norris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1932, to Oct 6, 1932.
I last saw her alive on Mar 20, 1932. Death is said to have occurred on the date stated above, at 3:15 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis + valvular heart disease. 131
Has had trouble for years 131

Other contributory causes of importance: 1350
(1) Senility + Ulcers of legs

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

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) R C Lawson, M. D.
(Address) Neosho Mo