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.

40088
5096

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Clarence L. Hogin
(a) Residence, No. 6038 Brookside Blvd. St., 8 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Daisy Cole Hogin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 10, 1872
7. AGE: YEARS 60 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 206
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): Iowa 2

FATHER
13. NAME: Benjamin Russell Hogin 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Indianapolis Indiana

MOTHER
15. MAIDEN NAME: Adeline Lowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Indianapolis Indiana

17. INFORMANT (ADDRESS): Wm C. Hogin 6038 Brookside Blvd
18. BURIAL, ~~CREMATION, OR REMOVAL~~, cemetery
PLACE Mt Washington DATE 1-3- 1932
19. UNDERTAKER (ADDRESS): Stine & McClure 3235 William Plaza
20. FILED 12/31 1932 M M Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 30, 1932
22. I HEREBY CERTIFY, That I attended deceased from Coroner to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at P.m. 6:30
The principal cause of death and related causes of importance were as follows:

Fracture of several ribs left side of chest Rupture of Liver 210 M

Date of onset

Other contributory causes of importance: (5)

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-27, 1932
Where did injury occur? Highway - Near Lanesburg Kan. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Automobile Accident
Nature of injury Fracture of ribs, left side

24. Was disease or injury in any way related to occupation of deceased?
If so, specify F. H. Evans
(Signed) F. H. Evans M. D.
(Address) 1034 Rialto Bldg K. C. Mo