

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

Do not use this space.

1292

1. PLACE OF DEATH
 County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas (No. 1909 Broadway) St. _____ Ward _____

2. FULL NAME Mrs. Hattie A. Ogle
 (a) Residence, No. 1909 Broadway St. 2 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 47 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 22
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-3-1859</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>9</u>	DAYS <u>29</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	13. NAME <u>Charles Coffin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Hampshire</u>			
MOTHER	15. MAIDEN NAME <u>Dont Know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
17. INFORMANT <u>Mrs. Grace E. Zeigler</u> (ADDRESS) <u>1909 Broadway K. C. Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>1/4/33</u>				
19. UNDERTAKER <u>Freeman Mortuary</u> (ADDRESS) <u>Kansas City, Mo</u>				
20. FILED <u>Jan 3</u> 19 <u>33</u> <u>M. M. Crowe</u> <u>Regist.</u>				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 st, 1933, to Jan 2, 1933
 I last saw her alive on January 2, 1933 Death is said to have occurred on the date stated above, at 11:08 P M
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Cerebral Hemmorrhage (Apoplexy) 1/1/33
Arterio Sclerosis ?

Other contributory causes of importance: g.c.f.
g.p.
g.p.

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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 Dreadnought, M. D.
 (Signed) 3346 Summit Kans City Mo
 (Address)

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.

3346 Summit
Dr. Binkley

V.P.