

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

Do not use this space.

8457

PLACE OF DEATH
 7 County Bates Co Mo Registration District No. 47
 Township Grand River Primary Registration District No. 5088
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 15

2. FULL NAME JAMES ROBERT OGDEW
 (a) Residence No. 3418 Humboldt St. KOK 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF WILDRED SUELA OGDEW
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 1904
 7. AGE YEARS 29 MONTHS 2 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Motor SB
 10. Date deceased last worked at this occupation (month and year) 2/16 32 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1933
 22. I HEREBY CERTIFY, That I attended deceased from Mar 17 1933, to Mar 17 1933
 I last saw him alive on Mar 17 1933 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Diabetes mellitus with Coma
 Date of onset _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Urine 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? _____
 If so, specify _____

(Signed) E. E. Robinson, M. D.
 (Address) Adrian Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Mo
 FATHER
 13. NAME William Henry Ogden
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockville Mo
 MOTHER
 15. MAIDEN NAME Eva B. Ogden
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Juarez Texas
 17. INFORMANT (ADDRESS) Wildred Suela Ogden
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park
 19. UNDERTAKER (ADDRESS) 605 N. 10th KOK
 20. FILED 4/10 1933 letty Deputy Registrar.

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.

APR 21 1933

63

29

1 girl
Betty Dean Ogden,

1 Melvin Leroy

1 Sister Margaret Elizabeth

1 " Elinor Leah Kepler.

2105- Dodge St.

714 Broadway