

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

Do not use this space.

104219

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.

MAY 22 1933

1. PLACE OF DEATH
 70 County Montgomery Registration District No. 592
 50 Township Montgomery Primary Registration District No. 4750
 2 City Montgomery No. _____ St. _____ Ward _____

2. FULL NAME Sarah Martha Vogt
 (a) Residence, No. _____, Montgomery City, Mo. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 <u>John Vogt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17 - 1852</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>7</u>
		DAYS <u>24</u>
	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
MOTHER	13. NAME <u>Samuel Kelsick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Lucy Gray</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Grace Tate</u> (ADDRESS) <u>Montgomery City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Montgomery City</u> DATE <u>3/13</u> '33		
19. UNDERTAKER <u>H. M. Dowell</u> (ADDRESS) <u>Montgomery City Mo</u>		
20. FILED <u>5-16</u> 19 <u>33</u> <u>D. J. Beutler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MR 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/8, 1933, to 3/11, 1933
 I last saw h. br alive on 3/11, 1933 Death is said to have occurred on the date stated above, at 104p m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset 3/8/33
RAA
RAA
 Other contributory causes of importance: RAA

Name of operation _____ 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 _____
 (Signed) G. W. Insley, M. D.
 (Address) Montgomery City Mo

