

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

Do not use this space.

15535

1. PLACE OF DEATH
 109 County Warren Registration District No. 881
 2 Township Warrenton Primary Registration District No. 4534
 2 City Warrenton (No.) St. Ward
 2. FULL NAME John Vogt
 (a) Residence, No. St. 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
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5th 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 11 14
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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) Near Warrenton, Missouri
 13. NAME Henry Vogt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Sophia Fischer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Augusta Vogt Warrenton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton City DATE 4/19, 1933
 19. UNDERTAKER (ADDRESS) F. W. Hubert Warrenton Mo
 20. FILED April 20, 1933 A. W. Hubert Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17, 1933
 22. I HEREBY CERTIFY, That I attended deceased from 4/15/33, 1933, to 4/17/33, 1933.
 I last saw him alive on 4/17, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Septicemic Infection of large intestine (Septicemia)
80
 Other contributory causes of importance:
Progressive Locomotor Ataxia
 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 1933
 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) W. S. Clarybuck, M. D.
 (Address) Wright City, Mo.

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 24 1933

