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

Do not use this space.

File No. 27250
Registered No. 61

1. PLACE OF DEATH
County: Perry Co
Township: Cinder Hill
City: ~~Sarcoxie~~ (No. ..... St. ..... Ward)
Registration District No. 1128
Primary Registration District No. 5879 a

2. FULL NAME: ~~E. H. Vogel~~ Ernest H. Vogel
(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.

FEB 26 1939

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 OF ~~(OR) WIFE OF~~ Susana Vogel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24 1879

7. AGE: Years 53 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Insurance
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Henry Vogel
(STATE OR COUNTRY) Perry Co Mo

PARENTS
10. NAME OF FATHER: Henry Vogel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co Mo
12. MAIDEN NAME OF MOTHER: Emile Palisch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co Mo

14. INFORMANT: Mrs E. H. Vogel
(Address) Perryville Mo

15. FILED 9-8-1933 Oliver F. Greenwood
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1933.

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured Skull, caused by auto running off embankment.
Yrs (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Bad driving
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. D. Oberpatel, M. D.
, 19 (Address) Mendon Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Perryville Lutheran Cem
DATE OF BURIAL: Aug 17 1933
20. UNDERTAKER: Young & Endres
ADDRESS: Perryville Mo

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.