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.

JAN 4 1934

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

Do not use this space.

38820

1. PLACE OF DEATH
County Shelby — Registration District No. 831 — File No.
Township Black Creek — Primary Registration District No. 6092 — Registered No.
City (No. , St. Ward)

2. FULL NAME J. P. Pogue
(a) Residence. No. ~~County Infirmary~~ 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: no record

6. DATE OF BIRTH (MONTH, DAY AND YEAR): no record

7. AGE: about 75 YEARS; MONTHS: ✓; DAYS: ✓; If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

PARENTS
10. NAME OF FATHER: No Record
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No Record
12. MAIDEN NAME OF MOTHER: No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Record

14. INFORMANT (Address): Mrs. T. N. Magruder, Shelbyville, Mo

15. FILED Nov. 19 1933 Emmett A. M. Haverton REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov-18- 1933

17. I HEREBY CERTIFY, That I attended deceased from Nov. 19- 1933, to Nov 18- 1933, that I last saw him alive on Nov 16- 1933, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteria Sclerosis —
97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None —
(Signed) P. C. Archer, M. D.
Nov 22, 1933 (Address) Shelbyville, 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: Shelbina I.O.O.F. Cemetery — DATE OF BURIAL: Nov 19- 1933

20. UNDERTAKER: J. W. Thompson Son — ADDRESS: Shelbyville, Mo.