

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

Do not use this space.

MAY 25 1934

15323

1. PLACE OF DEATH

County ST LOUIS
Township Carroll
City Jefferson Barracks, Mo.

Registration District No. 1123
Primary Registration District No. 6245
Veteran's Administration Facility

File No. _____
Registered No. 117
St. _____ Ward) _____

2. FULL NAME Edward L. OGLE

(a) Residence, No. R. #1, De Soto, Mo. St., _____ Ward.

(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 OF (OR) WIFE OF Mrs. Violet Ogle		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1895		
7. AGE YEARS 38	MONTHS 10	DAYS 8
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable
	10. Date deceased last worked at this occupation (month and year) Unavailable
	11. Total time (years) spent in this occupation. Unavailable

12. BIRTHPLACE (CITY OR TOWN) Festus
(STATE OR COUNTRY) Missouri

13. NAME John Ogle

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Martha Nelson

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Missouri

17. INFORMANT E. T. Gallagher, M.D., Atg. Clin. Dir.
(ADDRESS) Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Goway DATE 4/18 1934

19. UNDERTAKER Prayer Funeral Service
(ADDRESS) De Soto Mo.

20. FILED 4-16 1934 Ed. H. Tate, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 19 34

22. I HEREBY CERTIFY, That I attended deceased from December 18 1933, to April 16 1934

I last saw him alive on April 16 1934. Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

Pleurisy, Suppurative, Right Date of onset Unkn.

Other contributory causes of importance:
Cholecystitis, associated with Hepatitis Unkn.

Name of operation Resection of 2 ribs, partial Date of operation Feb. 2, 1934
X-Ray, laboratory & physical findings
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) W. C. GIBSON, M.D., Manager
(Address) Vets. Adm. Fac., Jeff. Bks., Mo.

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**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248B
 City Jefferson Blvd. St. _____ Ward _____

File No. _____

Registered No. 117

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 16 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. 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:

Pleurocy Suppurative (Date of onset night)

Inflammation of Gall bladder
cholecystitis associated with hepatitis
no operation, clin findings

Name of operation none 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 _____, 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) W. L. Gibson, M. D.

(Address) Vet. adm. 4 ac Jeff Blv

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____.

19. UNDERTAKER (ADDRESS) _____

20. FILED 4-16 1934 B 49 date MD Registrar.

SUPPLEMENTARY

5-15323