

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

Do not use this space.

17356

1. PLACE OF DEATH

County Linn
Township Jefferson
City Laclede (No.)

Registration District No. 500
Primary Registration District No. 4363

File No.
Registered No. 500 St. Ward)

2. FULL NAME Emma Dora Hogan

(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 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T.M. Hogan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1961

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 28

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

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) Howard County, Mo.

13. NAME Anderson Lovell

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

15. MAIDEN NAME Lucinda Finney

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

17. INFORMANT Charles Fisher
(ADDRESS) St Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cemetery, Brookfield, Mo. DATE June 2, 1934

19. UNDERTAKER Rusk Funeral Home
(ADDRESS) Brookfield, Mo.

20. FILED June 2, 1939 Geo O Plowman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1934 1934

22. I HEREBY CERTIFY, that I attended deceased from Apr 1 1934, to May 31, 1934
I last saw him alive on 5/31/34, 19..... Death is said to have occurred on the date stated above, at 9:35a m.

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

Chronic interstitial nephritis
131 nephritis
9:35a
Other contributory causes of importance: Strain
Name of operation None Date of
What test confirmed diagnosis? Signs 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) J. N. Gunder, M. D.
(Address) Laclede 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.

JUN 23 1934

