OCT 22 1934

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

Do not use this space.

32722

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 326
City ~~Independence Mo~~ ; St. Ward)

2. FULL NAME Jackie Lee Bogue
(a) Residence, No. Parker St. R.R. #2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5 - 1934
7. AGE Years — Months 8 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Independence Mo.

FATHER
13. NAME John L Bogue.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Argentine Kans

MOTHER
15. MAIDEN NAME Anna L Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithville Tenn

17. INFORMANT (ADDRESS) John L Bogue Parker St Indep. Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE Sept 30. 34
19. UNDERTAKER (ADDRESS) C. D. Carson Indep. Mo
20. FILED 9-29, 1934 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/21/34, 19.. to 9/28/34, 19..
I last saw him alive on 9/28/34, 19.. Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

Dysentary, with a definite Mucus Colitis.

Date of onset

13C
119B

Other contributory causes of importance

13C

Name of operation none Date of
What test confirmed diagnosis? clinical 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) N. M. Wetzel, M. D.
(Address) 10235 Independence Avenue,

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.