

NOV 15 1934

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

Do not use this space.

35064

1. PLACE OF DEATH

County Webster Co.
Township East Benton
City (No. _____, _____ St. _____ Ward _____)

Registration District No. 898
Primary Registration District No. 6203

File No. _____
Registered No. 14

2. FULL NAME

Billie Pogue

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 - 1929
7. AGE YEARS 5 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Nebraska

13. NAME Roy Pogue

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co. Mo.

15. MAIDEN NAME Goldie Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo

17. INFORMANT (ADDRESS) J. S. Martin Seymour, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cardwell Chapel DATE Sept 8 1934

19. UNDERTAKER (ADDRESS) None

20. FILED Sept 7 1934 John W. Good Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/4, 1934, to 9/7, 1934

I last saw him alive on 9/6, 1934. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Septic sore throat
115A 11501
Low vitality - lack of resistance

Other contributory causes of importance:
Low vitality - lack of resistance

Name of operation _____ 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) E. G. Beers, M. D.
(Address) Seymour, 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.

