NOV 15 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 410 — File No. 36376
Township Lincoln — Primary Registration District No. 5567 — Registered No. 19
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Thaddius Steven Ogden
(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): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Etta Ogden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17 - 1868

7. AGE — YEARS: 66 — MONTHS: 2 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Jasper Co, Mo

FATHER
13. NAME I. Frank Ogden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME June Rickner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Etta Ogden Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cem. Golden City Mo. DATE Oct. 28, 1934

19. UNDERTAKER (ADDRESS) E. A. Phillips Golden City Mo.

20. FILED 11-10 1934 Mrs Clara J. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1934, to Oct 26, 1934
I last saw him alive on Oct 14, 1934. Death is said to have occurred on the date stated above, at 850 P m.
The principal cause of death and related causes of importance were as follows:
Chronic mitral disease of heart
92A
95D
92A

Date of onset

Other contributory causes of importance:
Hypertension (arterial)

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) J. M. Brooks, M. D.
(Address) Golden City Mo

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.