

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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

Do not use this space.

JAN 14 1935

1. PLACE OF DEATH

County Audrain
Township Cuivre
City (No.) St. Ward

Registration District No. 912
Primary Registration District No. B232A

File No. 41874
Registered No. 47
St. Ward

2. FULL NAME

Carl Max Vogel

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

Length of residence in city or town where death occurred 3 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

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 Nellie Gray Watson Vogel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 3 0

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) Switzerland

13. NAME ?

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Nellie Gray Vogel, Middletown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Middletown DATE 12-27-34

19. UNDERTAKER (ADDRESS) Jones & Gills, Middletown, Mo.

20. FILED 1/16 BY Mollie Fugua Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from my office, 1934, to Dec 26, 1934, 1934

I last saw him alive on Dec 25, 1934. Death is said to have occurred on the date stated above, at 12:00 pm.

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

Chronic Pulmonary Tuberculosis
23
Other contributory causes of importance: 23

Name of operation Date of
What test confirmed diagnosis? Sputum 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) A. Burch, M. D.
(Address) Middletown, Mo.

