

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.

FEB 27 1935

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

Do not use this space.

Finished
2302

1. PLACE OF DEATH

County Ozark
Township Jasper
City (No.)

Registration District No. 920
Primary Registration District No. 5-859

File No.
Registered No. 1
St. Ward

2. FULL NAME

James Haribal 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 60 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3, 1846

7. AGE YEARS 88 MONTHS 1 DAYS 16 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Invalid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oakland
(STATE OR COUNTRY) Marion Co. Ark.

10. NAME OF FATHER Joseph Hogan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Celia Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Cal J. Hogan
(Address) Isabella

15. FILED , 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 19, 1935

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1935 to Jan. 19, 1935, that I last saw him alive on Jan. 17, 1935, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inflammation of Bladder
(duration) yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

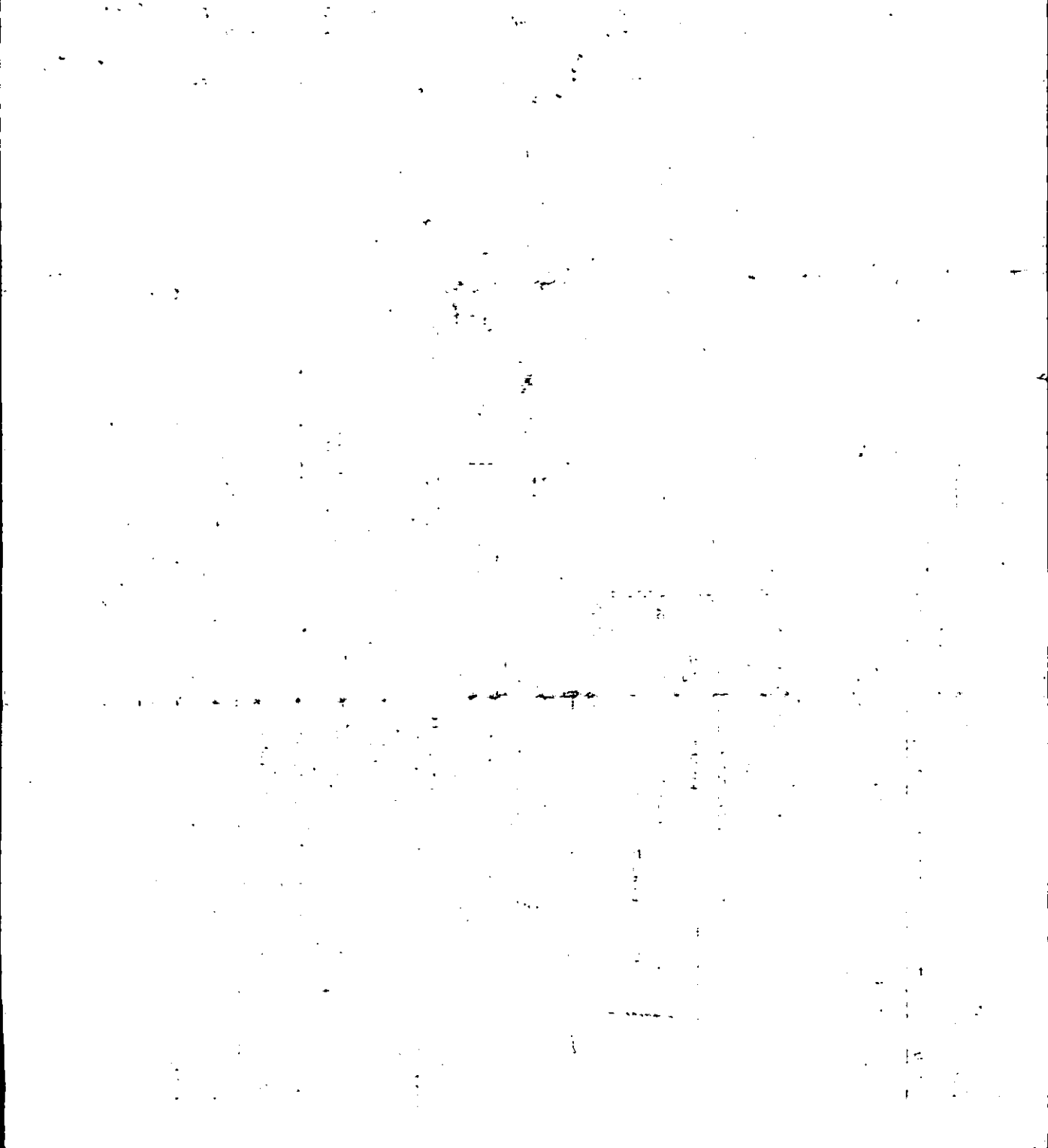
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. E. Bushong, M. D.
1915 (Address) Wainwright mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Isabella Cemetery DATE OF BURIAL Jan. 19, 1935

20. UNDERTAKER James F. Hale ADDRESS Isabella



MAY 3 1 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ozark

Township _____

City _____ (No. _____)

Registration District No. 920Primary Registration District No. 5859

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

m

4. COLOR OR RACE

w5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)u

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMalinda Hagan

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.88116

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Invalid9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Oakland
Marion Co - Ark

13. NAME

Joseph Hagan14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

15. MAIDEN NAME

Celia Harris16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)Cal J. Hagan
Isabella ma

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Isabella

DATE

Jan 1919. UNDERTAKER
(ADDRESS)James J. Hale
Isabella ma

20. FILED

James 19 33 Mary F. Johnson
Registrar

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

Jan 19 193522. I HEREBY CERTIFY, That I attended deceased from
Jan 17 1935, to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Inflammation of bladder He had a fall that hurt him internally when this bladder trouble set up

Other contributory causes of importance:

He never recovered from the fall

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 9/1 1934Where did injury occur? at home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury a friendly dog jumped on himNature of injury injured him down

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) P. E. Bushong M. D.(Address) Gainesville ma

APR 13 1935

MAY 22 1935

S-2302

Bruised him almost Bruke has a
and his side was bruised black and
green he never recovered from this