

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

Do not use this space.

15384

1 JUN 5 1935

**1. PLACE OF DEATH**

County Vernon Registration District No. 875  
Township Washington Primary Registration District No. 6162  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 81

**2. FULL NAME**

(a) Residence, No. State Dept. #2 St. Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>not given</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1851</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>10</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		11. Total time (years) spent in this occupation
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)		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1935, to Apr 23 1935

I last saw him alive on \_\_\_\_\_, 1935. Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Atherosclerosis Date of onset ?  
Myocardial Infarction Date of onset ?

Name of operation \_\_\_\_\_ 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. Bell, M. D.  
(Address) Parada, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
FATHER 13. NAME <u>Elias Ogden</u> 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ta.</u>
MOTHER 15. MAIDEN NAME <u>Esing Grimmer</u> 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ta.</u>
17. INFORMANT <u>Mrs. C. P. Osbury, R. 1, Easton Kan.</u> (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lawrence Kans</u> DATE <u>April 23</u> 19 <u>35</u>
19. UNDERTAKER <u>Allen V. Foy</u> (ADDRESS) <u>Parada Mo</u>
20. FILED <u>4/23</u> 19 <u>35</u> <u>M. C. Cielinger</u> Registrar.

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.

