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.

OCT 25 1935

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

Do not use this space.

30113

1. PLACE OF DEATH
County Marion — Registration District No. 548.
Township South River — Primary Registration District No. 5741
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 54.

2. FULL NAME Cora A. Vogt
(a) Residence, No. St. Louis, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Vogt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 17, 1878
7. AGE: YEARS 56 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Harrisonville, Mo.

FATHER
13. NAME: John Bowers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER
15. MAIDEN NAME: Margaret Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): William Vogt 8937 Olden Ave. St. Louis, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE 9/18/1 1935
19. UNDERTAKER (ADDRESS): Lewis Bean Palmyra, Mo.
20. FILED Sept. 16 1935 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 11, 1935, to September 14, 1935
I last saw her alive on September 14, 1935 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	~~many years~~
Cardiac Failure	Sept 11
9562	

Other contributory causes of importance:

Hypertension with Cardiac dilatation and Hypertrophy	many years

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical findings 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) F. D. Wolfe, M. D.
(Address) Box 512 Palmyra, Mo.