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.

DEC 11 1935

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

Do not use this space.

35283

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1254

City St. Joseph (No. St. Joseph,s Hospital St. Ward)

2. FULL NAME John Henry Vogelman

(a) Residence, No. 1524½ South 10 Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 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: Ollie A. Vogelman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Febuary 12 1860

7. AGE: YEARS 75 — MONTHS 9 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Employeer
10. Date deceased last worked at this occupation (month and year): 1935.
11. Total time (years) spent in this occupation: 52 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wurtenburg, Germany

FATHER

13. NAME: Francis X Vogelman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wurtenburg Germany

MOTHER

15. MAIDEN NAME: Barbara Wolf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wurtenburg, Germany

17. INFORMANT (ADDRESS): Otto Vogelman 1518 South 24 Street

18. BURIAL, CREMATION, OR REMOVAL: Mt. Mora Cemetery
PLACE St. Joseph, Mo. DATE Dec. 3. 1935

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Str St. Joseph, Mo.

20. FILED 12-2 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1935, to Nov 30, 1935.
I last saw him alive on Nov 30, 1935. Death is said to have occurred on the date stated above, at 5:15A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thromboses	unknown
59	
Other contributory causes of importance: Diabetes Mellitus	unknown

Name of operation: None — Date of —
What test confirmed diagnosis? Clinical — Was there an autopsy? Yes

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) Gustav A Lau, M. D.
(Address) Kirkpatrick Bldg St Joseph Mo