

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.

JAN 16 1936

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

Do not use this space.

40005

1. PLACE OF DEATH

County Jasper  
Township Joplin  
City Wichita (No. ....)

Registration District No. 417  
Primary Registration District No. 3021

File No. ....  
Registered No. 98 St. .... Ward)

2. FULL NAME

(a) Residence, No. 501 S. Whane St. .... Ward. ....

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 1 mos. .... 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lois Bogner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10 1893</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>3</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Repairer</u>		
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 ....

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo

13. NAME John Bogner

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

15. MAIDEN NAME Louisa Strutch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo

17. INFORMANT (ADDRESS) Mrs. Fred Spille, Wichita City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calloway DATE 12-30 1935

19. UNDERTAKER (ADDRESS) Higgins-Hardard, Wichita City Mo

20. FILED 12-30 1935 J. L. Craig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1935 to Dec 28 1935  
I last saw him alive on Dec 28-35, 19... Death is said to have occurred on the date stated above, at 3:30 m.

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

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

33

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? If so, specify J. L. Craig, M. D.  
(Signed) J. L. Craig, M. D.  
(Address) Wichita City, Mo

