

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

Do not use this space.

JAN 17 1936

40290  
69

64  
22  
2

**PLACE OF DEATH**

County Marion  
 Township Liberty  
 City Palmyra (No. .... St. .... Ward)

Registration District No. 548.  
 Primary Registration District No. 4323.

File No. ....  
 Registered No. 69

2. FULL NAME Charlotte A. Dogan

(a) Residence, No. Palmyra, Mo. St. .... Ward.

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Dogan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25, 1854</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>11</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Teacher</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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palmyra, Mo.</u>
	13. NAME <u>No record</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>
FATHER	15. MAIDEN NAME <u>Harriett Johnson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>
17. INFORMANT <u>L. W. Johnson</u> (ADDRESS) <u>Excelsior Springs, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood Cem.</u> DATE <u>12/15/35</u> 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) <u>Leo's Best</u> <u>Palmyra, Mo.</u>	
20. FILED <u>Dec 17, 1935</u> <u>Gertrude Lee</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 6<sup>th</sup>, 1935, to Dec 13<sup>th</sup>, 1935

I last saw her alive on Dec 12, 1935 Death is said to have occurred on the date stated above, at 6 a. m.

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

Cerebral Hemorrhage Date of onset  
Chronic myocarditis

Name of operation none Date of no  
 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) W. C. O'Neal, M. D.  
 (Address) Palmyra, Mo.

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.

