

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.

Bull

JAN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791
1003

File No. 41811
Registered No. 11060
St. Ward)

Township.....

Primary Registration District No.....

City, *St. Louis* (No. *17-14123*)

City of St. Louis

2. FULL NAME

Arthur Ogilvy

(a) Residence, No. *3237*
(Usual place of abode)

7-10th St. Ward 26

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *16* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*

5A. IF MARRIED, WIDOWED, OR DIVORCED
kind of work done, as spinner, sawyer, bookkeeper, etc. *Blacksmith*
HUSBAND OF (OR) WIFE OF *Lidia O. Ogilvy*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 5, 1882*

7. AGE YEARS *53* MONTHS *11* DAYS *10 21* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Blacksmith*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Blacksmith Shop*

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) *Missouri*

13. NAME *George Peyton Ogilvy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*

15. MAIDEN NAME *Toogood*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

17. INFORMANT *Wm. J. P. ...* (ADDRESS) *City of St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Talghalla ...* DATE *12/30* 19*35*

19. UNDERTAKER *Chas. A. Bull* (ADDRESS) *445 2 Washington St.*

20. FILED *DEC 28 1935* 19 *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/26* 19*35*

I HEREBY CERTIFY, That I attended deceased from *12/9* 19*35* to *12/26* 19*35*
I last saw him alive on *12/26* 19*35*. Death is said to have occurred on the date stated above, at *9:45* a.m.
The principal cause of death and related causes of importance were as follows:

lung cancer
non O.B. cause
unknown

Date of onset

Other contributory causes of importance:

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.....
(Signed) *J. Bredeck*, M. D.
(Address) *City of St. Louis*

