Dr. Coalston

MAR 16 1936

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

Do not use this space.

4516

1. PLACE OF DEATH
County: Bates
Township: Prairie
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 58
Primary Registration District No. 509 34

File No. .....
Registered No. 3

2. FULL NAME: Fred Vogt
(a) Residence, No. Rockville Missouri 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Anna Vogt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 10 1856

7. AGE: Years 80 | Months 1 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired farmer
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): 1924
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Huntington County Indiana

FATHER
13. NAME: Carl Gottleib Vogt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Catherine Graves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baden Germany

17. INFORMANT (ADDRESS): Mary Anna Vogt Pearirie City Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lutheran Cem. DATE: Feb 29 1936

19. UNDERTAKER (ADDRESS): Booth Funeral Service Rich Hill Missouri

20. FILED: Mch 2 1936 B. J. Cumpston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 25 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1933, to Feby 24, 1936
I last saw him alive on Feby 9, 1936. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Colon. about	1930
46	

Other contributory causes of importance:

Name of operation: — Date of: —
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) J. R. Calvin, M. D.
(Address) Schell City 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.