

MAR 18 1936

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

Do not use this space.

5567

1. PLACE OF DEATH

County Harrison
Township Jefferson
City (No.)

Registration District No. 334
Primary Registration District No. 5467

File No.
Registered No. 16
St. Ward

2. FULL NAME Oliver Hogan

(a) Residence, No. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 1 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

13. NAME Strawville Hogan

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

15. MAIDEN NAME Jane Stagers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

17. INFORMANT (ADDRESS) John Hogan
Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cemetery DATE Feb 24 36

19. UNDERTAKER (ADDRESS) Joe E. Whaley
Bethany Mo

20. FILED Feb 26 1936 A. R. Weisberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936 to Feb 22 1936
I last saw him alive on Feb 11 1936 Death is said

to have occurred on the date stated above, at 6:10 p.m.

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

Chronic Myocarditis Date of onset 1928

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? None

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) A. R. Weisberg, M. D.

(Address) Bethany 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.

