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.

APR 17 1936

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

Do not use this space.

9229

1. PLACE OF DEATH
County Boone — Registration District No. 72 — File No.
Township Centralia — Primary Registration District No. ~~444~~ 5111 — Registered No. 9
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Samuel Craig Bogle
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10th 1854
7. AGE YEARS 82 MONTHS 1 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Cambridge, Ohio

FATHER
13. NAME Samuel C Bogle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mott Ireland

MOTHER
15. MAIDEN NAME Margaret Gest
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs Walter Hunter Chicago, Illinois
18. BURIAL, CREMATION, OR REMOVAL Centralia McCue DATE Mar 13 1936
19. UNDERTAKER (ADDRESS) M. J. McDonald Centralia Mo
20. FILED 3/13 1936 J. L. Hickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13th 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1936, to Mar. 13, 1936
I last saw him alive on Mar. 13, 1936. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Mar. 8
Pneumonia (Bronchial)	Mar 11

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? No
If so, specify .....
(Signed) Frank Wm Barclay M. D.
(Address) Centralia, Mo