WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100M-11-24-33

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

APR 21 1936

Do not use this space.

11513

1. PLACE OF DEATH
County Maine
Registration District No. 527
Township
Primary Registration District No. 5703
City Bevier (No. , 1 St. Ward)
File No.
Registered No.

2. FULL NAME Tony Vogel
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
53	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
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) Belleville Illinois

FATHER
13. NAME Antony Vogel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Eva Sachs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT (ADDRESS) Tony Kuck Bevier Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Charles Cem. DATE April 1 1936

19. UNDERTAKER (ADDRESS) W. Y. Edwards Bevier Mo

20. FILED April 8 1936 Edw. Simpson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to March 29, 1936
I last saw him alive on March 1, 1936. Death is said to have occurred on the date stated above, at 1410 P m.
The principal cause of death and related causes of importance were as follows:

Cardiac Asthma

95 P 12

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Phys. Exam. 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. A. Welch, M. D.
(Address) Callao Mo

NOV 8 1956