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.

JUL 25 1936

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

Do not use this space.

23941

1. PLACE OF DEATH
County RANDOLPH — Registration District No. 735 — File No.
Township — Primary Registration District No. 3084 — Registered No. 133
City MOBERLY (No. , St. Ward)

2. FULL NAME ETHEL POGUE
(a) Residence, No. 533 VINCIL 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 F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEO POGUE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 20 1898
7. AGE YEARS 37 MONTHS 10 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) MO

FATHER
13. NAME TOM GRAVITT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME MATTIE HUDSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) GEO R. POGUE MOBERLY - MO
18. BURIAL, CREMATION, OR REMOVAL PLACE OAKLAND CEM DATE JUNE 12 1936
19. UNDERTAKER (ADDRESS) LEAVERTON FUNERAL HOME MOBERLY MO
20. FILED 6/12 1936 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1936
22. I HEREBY CERTIFY, That I attended deceased from Dead when called Corner case, 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Accidental - Hit and run wheels by a mapmake freight train - Body cut into at diaphragm & right arm cut off.
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/10, 1936
Where did injury occur? Cult St Crossing Moberly Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Occured at RR Crossing City Street
Manner of injury Run over by train
Nature of injury Cut into, Right arm cut off
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J Maddox Codover, M. D.
(Address) Moberly Mo