

SEP 15 1936

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

Do not use this space.

32885

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 791  
Township Barrow Hospital Primary Registration District No. 1003 File No. 8767  
City St. Louis, Mo. St. Barrow Hospital Registered No. 8767 Ward

2. FULL NAME

(a) Residence, No. George Donald Ogden St. Barrow Hospital Ward. North City, Ill.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 2 mos. 10 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Ogden  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1904  
7. AGE YEARS 32 MONTHS L DAYS 17 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Cashier  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank  
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) Hamilton County, Ill.

FATHER 13. NAME Thomas Ogden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton County, Ill.

MOTHER 15. MAIDEN NAME Phoebe Jane Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton County, Ill.

17. INFORMANT (ADDRESS) Wm. D. Ogden, 1923 N. 14th St., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE Aug 25, 1936

19. UNDERTAKER (ADDRESS) Funeral Home, North City, Ill.

20. FILED AUG 24 1936 J. P. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-13, 1936, to 8-23, 1936

I last saw him alive on 8-23, 1936. Death is said to have occurred on the date stated above, at 2:20 a.m.

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

Bilateral Pulmonary Tbc Date of onset 2 1/2 yrs  
Tuberculous Adenitis mesenteric

Other contributory causes of importance: 72

Name of operation Closed Tube Drainage Left Date of Aug 13, 36

What test confirmed diagnosis? Was there an autopsy? Yes

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?

If so, specify (Signed) Fred C. Reynolds, M. D.

(Address) Barrow Hospital

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.

Mr. Turner of New York City  
will be within 3 hrs. to  
get round.

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