

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

Do not use this space.

NOV 20 1936

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 100City St. Joseph(No. 1222 Church, St.)

File No.

36758

Registered No.

1286

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Ard Ogden

(a) Residence, No.

1222 Church

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 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 OFLona V. Ogden

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 2, 1870

## 7. AGE

YEARS

66

MONTHS

7

DAYS

9If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.Laborer10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Blue Mound  
Illinois

## MOTHER FATHER

## 13. NAME

Equille Ogden14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown  
Kentucky

## 15. MAIDEN NAME

Mary Markell16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Blue Mound  
Illinois17. INFORMANT  
(ADDRESS)Lona V. Ogden  
1222 Church, St.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Nov. 13, 1936

## 19. UNDERTAKER

(ADDRESS)

Walter Meierhoffer  
1302 Faraon, St.

## 20. FILED

Oct. 12, 1936  
W. J. Neale  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11, 193622. I HEREBY CERTIFY, That I visited on  
Dec. 11, 1936, to \_\_\_\_\_, 19\_\_\_\_.I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is saidto have occurred on the date stated above, at 5 a. m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation

Date of \_\_\_\_\_

What test confirmed diagnosis? Cholera 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 \_\_\_\_\_, 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) Joseph Thomas Coroner, M. D.(Address) 731 Laroun

