

DEC 3 1936

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

Do not use this space.

38343

1. PLACE OF DEATH  
County Madison Registration District No. 538  
Township Central Primary Registration District No. 6282  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mellie Pogue  
(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.

File No. \_\_\_\_\_  
Registered No. 84  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the words) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Pogue</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 4 - 1901</u>				
7. AGE	YEARS <u>35</u>	MONTHS <u>6</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>			
	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) <u>Bellingr Co</u> (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>Ferdinand Timm</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Cynthia Ann Barker</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Mrs. Jess Harper</u> (ADDRESS) <u>Patton Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paul Hill</u> DATE <u>Oct. 18 1936</u>				
19. UNDERTAKER <u>Edw. H. Webb</u> (ADDRESS) <u>Fredrickson Mo</u>				
20. FILED <u>Oct. 17 1936</u> <u>S. C. S. Cavender</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5 1936 to Oct. 17 1936  
I last saw her alive on Oct. 17 1936. Death is said to have occurred on the date stated above, at 4:40 p.m.  
The principal cause of death and related causes of importance were as follows:  
Typhoid Fever  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Complications with Malaria at Start

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) M. B. Parker, M. D.  
(Address) Fredrickson Mo

Ray C. Schwaner

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.

FEB 26 1975