

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Buchanan
Washington
St. Joseph

Registration District No.

Primary Registration District No.

(No.)

MERCY HOSPITAL

85

1001

File No.

Registered No.

St.

Ward

40460

1441

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

yrs.

mos.

3

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Bernice Vogelgesand

Darlington

Darlington Mo.

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

J. J. Vogelgesand

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

July 8, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

66

4

11

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Gallatin
Missouri

MOTHER

13. NAME

Arthur Heston

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Maine

15. MAIDEN NAME

Hadley

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Augusta Maine

17. INFORMANT
(ADDRESS)J. J. Vogelgesand
Darlington Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

GALLATIN, MO.

DATE

Nov. 19, 1936

19. UNDERTAKER

(ADDRESS)

Fleming & Son Inc.
1946 Cochran St. St. Joseph Mo.

20. FILED

Nov 19, 1936

J. J. Vogelgesand
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from
11-11-36, 1936, to 11-19-36, 1936

I last saw her alive on 11-18-36, 1936. Death is said

to have occurred on the date stated above, at 9 a. m.

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

Diabetic myelitis

Date of onset

Other contributory causes of importance:

Cardiac Insufficiency

Name of operation none Date of

What test confirmed diagnosis? Skin 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

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) C. L. Ferguson, M. D.

(Address) 801 1/2 Francis

