

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

FEB 18 1937

2549

1. PLACE OF DEATH
 County Pettis Registration District No. 669
 Township..... Primary Registration District No. 3032
 City Sedalia (No. Bothwell Hospital) St. _____ Ward _____

2. FULL NAME William Hogsed
 (a) Residence, No. 1823 So. Osage 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>4</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2000

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) Ohio

13. NAME James Hogsed

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

15. MAIDEN NAME Sarah Forsythe

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

17. INFORMANT Mrs. Martha Neal
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown Hill DATE Jan. 18, 1937

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Jan 20 - 1937 Gene Slack
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1937 . 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 11, 1937 to Jan. 17, 1937
 I last saw him alive on Jan. 16, 1937 Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Uremia.
Chronic Nephritis
Fracture complete neck of femur
fracture of hip 37 years ago
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury Jan. 11, 1937
 Where did injury occur? at home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place
at home
 Manner of injury fracture neck of femur
 Nature of injury fracture hip

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify: capit. calc. of femur
 (Signed) O. B. [Signature] M. D.
 (Address) Sedalia, Mo.

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.

