

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

Do not use this space.

MAR 13 1937

**1. PLACE OF DEATH**

County Jackson  
Township How  
City Kansas City (No. 2613 E. 29th)

Registration District No. 399  
Primary Registration District No. 1002

File No. 6339  
Registered No. 1000  
St.          Ward         

**2. FULL NAME** Cecile Lewis Vogel

(a) Residence, No. 2913 E 29 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 6 - 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. F. Vogel

22. I HEREBY CERTIFY, That I attended deceased from Feb - 6 - 1937, to         , 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 - 1863

I last saw h.          alive on         , 19        . Death is said to have occurred on the date stated above, at 4 P. m.

7. AGE YEARS 73 MONTHS 1 DAYS 19 If LESS than 1 day,          hrs. or          min.

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

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 occupation         

Cirrhosis of Heart failure Date of onset         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

950  
Other contributory causes of importance: arteriosclerosis  
Hypertension

13. NAME Lawrence Schudler

Name of operation          Date of         

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

What test confirmed diagnosis? Amnol Was there an autopsy? no

15. MAIDEN NAME Elizabeth Mackler

23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide?          Date of injury         , 19        

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

Where did injury occur?          (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Lottie M. Vogel  
2613 E. 29th

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Home DATE 2-8 1937

Manner of injury         

19. UNDERTAKER (ADDRESS) Stewart McElroy  
3205 S. Delaware

Nature of injury         

20. FILED 8 1937 M. M.          Registrar.

24. Was disease or injury in any way related to occupation of deceased?         

If so, specify          (Signed) Donald Stark, M. D.  
(Address) 924 Prof. Bldg.  
K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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