JUN 12 1937

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

Do not use this space.

19222

PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Lakeside Hospital St. Ward)

2. FULL NAME Isaac J. Vogelgesang

(a) Residence, No. St., Ward. Darlington, Missouri
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernice Weston Vogelgesang

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	11	22	

OCCUPATION

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

FATHER

13. NAME Jacob Vogelgesang
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER

15. MAIDEN NAME Mary Ean
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Miss Mary Vogelgesang 3124 Charlotte St., Kansas Cy., Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Gallatin
PLACE Gallatin, Mo. DATE May 30 1937

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED May 28 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937, to May 28, 1937
I last saw him alive on May 28, 1937. Death is said to have occurred on the date stated above, at A. m. 7:30
The principal cause of death and related causes of importance were as follows:

Post Operative Pneumonia Bronchial 1070

Date of onset

Other contributory causes of importance: Mechanical Ileus Obese Senility Intestinal Obstruction

Name of operation RAP Date of May 12
What test confirmed diagnosis? Clinical 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 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) L. J. Graham M. D.
(Address) 811 Chamber Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO

No 6778