JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Putnam
Township Medicine
City ..... (No. ..... St. 2 ..... Ward)

Registration District No. 717 5446
Primary Registration District No. 4429

File No. 21049
Registered No. .....

2. FULL NAME America Arsula Ogle
(a) Residence. No. Lucerne Mo St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Beal Ogle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15th 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
24	70	10	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mercer County
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER William Brewer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lancaster
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Martha Summers Arsula Brewer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mercer
(STATE OR COUNTRY) County Mo

14. INFORMANT Hellen Roberts
(Address) Lucerne Mo

15. FILED May 15 1937 E. Studebaker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14th 1937

17. I HEREBY CERTIFY, That I attended deceased from Mar 15th, 1937, to May 14th, 1937 that I last saw her alive on May 13th, 1937, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerial Haemorrhage
82a
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) G. A. Steele, M. D
, 19 (Address) Lucerne Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION~~, OR REMOVAL: Ravana Mo
DATE OF BURIAL: May 16 1937

20. UNDERTAKER: Martin Funeral Home
ADDRESS: Princeton Mo

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