NOV 19 [illegible]

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

Do not use this space.

1. PLACE OF DEATH
County Montgomery — Registration District No. 592 — File No. 38302
Township — Primary Registration District No. 4350 — Registered No. 14
City Montgomery City (No. ..... St. ..... Ward)

2. FULL NAME George Peter Vogt
(a) Residence, No. Montgomery City 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice Muns Vogt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19-1872
7. AGE: Years 64 — Months 11 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Jewelry Merchant
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): Oct. 6-1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery City Missouri

FATHER
13. NAME: Albert Vogt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER
15. MAIDEN NAME: Margarette Willi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Herman Missouri

17. INFORMANT (ADDRESS): George Vogt Jr Montgomery City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Montgomery City DATE: Oct 9 1937
19. UNDERTAKER (ADDRESS): J A Marlow Montgomery City Mo
20. FILED: Oct. 9 1937 Guild Menifee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 7, 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1935, to Oct 7, 1937
I last saw him alive on Oct. 7, 1937. Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Oct 7, 1937

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Other contributory causes of importance:
Chronic myocardiosis — ?
Arteriosclerotic nephritis — ?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & lab 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) James O. Helm, M. D.
(Address) New Florence Mo.

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