

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Buchanan*Registration District No. *85*

Township

Primary Registration District No. *1001*City *St. Joseph Mo.*(No. *517 1/2 S 6th St.*)File No. *40708*Registered No. *1265*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Bethelma Albertine Ogle*

(Usual place of abode)

*517 1/2 South 6th St.**Ogle*

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *70 yrs.* 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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OF

John Ogle

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

Sept. 25, 1860

47. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

*77**1**23*

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

house wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *60*

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

De Kalb Co. Mo.

13. NAME

Cliza C. Moore

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

De Kalb Co. Mo.

15. MAIDEN NAME

C. Ann Moore

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

De Kalb Co. Mo.

17. INFORMANT (ADDRESS)

*John C. Ogle
517 1/2 S 6th St.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Moberly Cem.* DATE *Nov. 20 1937*

19. UNDERTAKER (ADDRESS)

*Mrs. C. R. Hedrick
602 S 10th St. St. Joseph Mo.*

20. FILED

*11-19 1937**J. T. Logan Belg.*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 18 1937*

22. I HEREBY CERTIFY, That I attended deceased from

*Oct 19, 1937, to Nov 18, 1937*I last saw her alive on *Nov 18, 1937* Death is saidto have occurred on the date stated above, at *11:20* Am.

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

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis *Cholera* 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) *Will H. Brown*(Address) *777 Logan Belg.*

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.

