

JAN 15 1938

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. 86
Township Washington Primary Registration District No. 5127
City (No. 8 Mi. No. E. of St. Joseph.) St. Ward

File No. 44841
Registered No. 75

2. FULL NAME

William Vogel

(a) Residence, No. Wash. Twp. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? 72 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 Christina Vogel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 0 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 15 Yrs.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waldeck, Germany

13. NAME John Vogel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waldeck, Ger.

15. MAIDEN NAME Clara E. Gruenhaupt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waldeck, Ger.

17. INFORMANT (ADDRESS) Mrs. Frank A. Schindler St. Jos. Mo. R. 71.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cosby Evangelical Cem. DATE Dec. 23, 1937

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED Dec. 23, 1937 B. W. Tadlock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1937 .19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1937 to Dec. 21, 1937

I last saw him alive on Dec. 21, 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Chronic Hypertrophy of Prostate & urinary Obstruction.

Other contributory causes of importance: Chr. hypertro. Arterio Sclerosis general Semilite

Name of operation None Date of
What test confirmed diagnosis Phys. Ex. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury , 19

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify

(Signed) H. Thompson, M. D.
(Address) 825 Charles St. St. Joseph, Mo.

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.

