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

Do not use this space.

4496

1. PLACE OF DEATH
County Wayne Registration District No. 892 File No.
Township Weh Primary Registration District No. 6193 Registered No. 2
City Williamsville (No. , St. Ward)

2. FULL NAME Paul Eugene Hogue 616 (Hospital)
(a) Residence, No. Williamsville 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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1936
7. AGE Years 2 Months 7 Days 29 If LESS than 1 day, hrs. or min.

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.
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) Williamsville Mo.

FATHER
13. NAME William L. Hogue
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsville Mo.

MOTHER
15. MAIDEN NAME Mary Hicks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsville Mo.

17. INFORMANT (ADDRESS) William L. Hogue
18. BURIAL, CREMATION, OR REMOVAL
PLACE Chapel Hill Cem. DATE Jan 24, 1938
19. UNDERTAKER (ADDRESS) Gray Funeral Home Doniphan Mo.
20. FILED Jan 23, 1938 Mrs. Hattie McGhee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1938, to Jan 23, 1938
I last saw him alive on Jan 23, 1938. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	1/14/38
Measles	1/9/38

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) O. A. Magnum, M. D.
(Address) Greenville, 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.

RECEIVED
FEB 28 1938
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MO. STATE BOARD OF HEALTH