

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

Do not use this space.

REC'D MAR 14 1938

6171

1. PLACE OF DEATH

County Buchanan 1

Registration District No. 85

File No. 247

Township Joseph

Primary Registration District No. 1001

Registered No. 247

City Joseph (No. 2124 Ashtland)

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Charles Wesley Ogden 295

(a) Residence, No. 2124 Ashtland

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willa Ogden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1892

7. AGE YEARS 45 MONTHS 3 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barbecue stand  
 10. Date deceased last worked at this occupation (month and year) 1937 Dec 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joseph, MO

13. NAME Charles Ogden

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

15. MAIDEN NAME Matie Troy

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

17. INFORMANT Matie Ogden (ADDRESS) 2124 Ashtland

18. BURIAL, CREMATION, OR REMOVAL W. S. Auburn DATE Feb 28 38

19. UNDERTAKER Barry - Wylie (ADDRESS) 218 So 10

20. FILED Feb 28 1938 H. J. Neettlebusch Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1938 to Feb 24 1938

I last saw him alive on Feb 24 1938 Death is said to have occurred on the date stated above, at 6:30 P. m.

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

Ruptured aneurism descending aorta Date of onset ?

Other contributory causes of importance: 90

Name of operation no autopsy Date of \_\_\_\_\_

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 3

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) Chas. E. Foster, M.D. (Address) 204 Ballinger Bldg

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.

