

REC'D APR 21 1938

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

11624
Do not use this space.

1. PLACE OF DEATH
(a) County Woodaway Registration District No. 628
(b) Township Maryville Primary Registration District No. 3031
(c) City Maryville (d) Street No. St Francis Hospital Registered No. 32
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Belle Hogan 250
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 W C Hogan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 31 - 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
8.0 2 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Woodaway Co Mo
13. NAME Marshall Ford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Lincy Hutchinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 18th 1937, to Mar 11th 1938
I last saw her alive on Mar 10th 1938 Death is said to have occurred on the date stated above, at 4:20 a.m. 4:20 A.M.
The principal cause of death and related causes of importance were as follows:
Appendicitis
Date of onset 12
Other contributory causes of importance:
acute Nephritis
Lobar Pneumonia
Name of operation drainage of ruptured appendix Date of 12-4-1937
What test confirmed diagnosis? operation 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) L D Dean M. D.
(Address) Maryville Mo

17. INFORMANT Carroll Hogan
(ADDRESS) Maryville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Mar 12 1938
19. FUNERAL DIRECTOR Prie Funeral Ho
(ADDRESS) Maryville Mo
20. FILED 3-12 1938 Mamie E Clardy
Local Registrar

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.

STATEMENT BY LICENSED EMBALMER

I, John W. Price, Licensed Embalmer No. 3229

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

John W. Price

Licensed Embalmer No. 3229

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)