

REC'D JUL 12 1938

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

20804

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Kaw
(c) City K.C. Mo.
(e) Length of residence in city or town where death occurred

Registration District No. 399
Primary Registration District No. 1002
(d) Street No. 5646 Bellefontaine

Registered No. 2254

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William T Pogue 200(a) Residence, No. 5646 Bellefontaine St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

Mrs. Lillie Pogue6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 9 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Kansas13. NAME William Pogue14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know17. INFORMANT (ADDRESS) Mrs. Lillie Pogue
5646 Bellefontaine18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE June 2, 193819. FUNERAL DIRECTOR (ADDRESS) R.V. Lindsey & Sons
3811 Broadway St. C. Mo.20. FILED June 2, 1938 M. M. Gove
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1938

22. I HEREBY CERTIFY That I attended deceased from

I last saw him at noon, Periton, 1938. Death is saidto have occurred on the date stated above, at 8:25 p.m.

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

Ruptured ulcer of the stomach
Acute generalized peritonitis

Date of onset

Other contributory causes of importance: HTAName of operation Date of operation Yes
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 1938Where 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 HTA

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. M. Gove, M. D.(Address) 3811 Broadway St. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M 20-37 I X12004

AUG 22 1950

Perman

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....

Licensed Embalmer No.....

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.)