

REC'D SEP 20 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County ClayTownship PlatteCity Smithville

(No. \_\_\_\_\_)

Registration District No. 203Primary Registration District No. 4122

File No. \_\_\_\_\_

Registered No. 12

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Elizabeth Taylor Bogges

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(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. \_\_\_\_\_

28654

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White5. ~~SINGLE, MARRIED, WIDOWED, OR~~~~Divorced~~ (write the word)Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

~~HUSBAND~~  
(OR) WIFE OFJames W Bogges6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1848

## 7. AGE

YEARS

89

MONTHS

9

DAYS

5

If LESS than 1

day, .....hrs.

or .....min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as splaner,  
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)Housewife11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN) Platte County, Mo.

(STATE OR COUNTRY)

FATHER

## 13. NAME

John Srite

## 14. BIRTHPLACE (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

MOTHER

## 15. MAIDEN NAME

America Rule

## 16. BIRTHPLACE (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

## 17. INFORMANT

Owen J Bogges

(ADDRESS)

Smithville, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Smithville, Mo. DATE Aug. 14 1938

## 19. UNDERTAKER

McComas Mortuary

(ADDRESS)

Smithville, Mo.

## 20. FILED

8/13 1938E. C. Hill

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from

10-12-1936 to 8-12-1938I last saw deceased alive on 8/12/38 1938 Death is saidto have occurred on the date stated above, at 8:30p. m.

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

Date of onset

Heart failure  
920  
Other contributory causes of importance:  
Senility  
General debility

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) \_\_\_\_\_

(Address) \_\_\_\_\_

M. D.

162  
RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9/8/38

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

28654

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 203  
(b) Township \_\_\_\_\_ Primary Registration District No. 4122 Registered No. 12  
(c) City Smithville (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

Elizabeth Taylor Boggs  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 9 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
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)

FATHER 13. NAME \_\_\_\_\_  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED 8-13 19 38 E. C. Hill  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Hepatic failure  
Mitral Stenosis  
930  
Other contributory causes of importance:  
Senility  
General debility

Date of onset

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) E. C. Hill \_\_\_\_\_, M. D.

(Address) Smithville mo

1938  
5-28654