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.

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

Do not use this space.

File No. 35655
Registered No. 56

1. PLACE OF DEATH
County: Gentry
Township:
City: Albany (No. ..., ... St. ..... Ward)
Registration District No. 309
Primary Registration District No. 4185

2. FULL NAME: Arthur Thomas Ogle
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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: Flora

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 3, 1850

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
88	0	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Carpenter
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): Versailes Ky

FATHER
13. NAME: Jeriah Ogle Bottom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Kyn

MOTHER
15. MAIDEN NAME: Matilda Higgonbotton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Mrs Flora Ogle, Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Highland DATE: 10-16 19 38

19. UNDERTAKER (ADDRESS): Robert L. Yaple, Albany, Mo.

20. FILED: Oct. 16 19 38 W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 15 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1938 to Oct. 15, 1938
I last saw him alive on Oct. 15, 1938. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10/8/38

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? .....
If so, specify .....
(Signed) C. J. Gray, M. D.
(Address) Albany, Mo.