

REC'D DEC 19 1938

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

39647  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 407-470  
 (b) Township Mt. Vernon Primary Registration District No. 5633 Registered No. 142  
 (c) City Aurora (d) Street No. R.F.D. # 2 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 John A Bogle

(a) Residence, No. R.F.D. # 2 Aurora Mo. 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 Delia Bogle  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14-1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
63 10 10

8. Trade, profession, or particular kind of work done, as a 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) Tenn.

13. NAME John J Bogle  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

15. MAIDEN NAME Sallie Hass  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs Delia Bogle  
 (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Orange Cemetery DATE Nov. 27 1938

19. FUNERAL DIRECTOR (NAME) J. F. King  
 (ADDRESS) Aurora Mo.

20. FILED Nov. 24, 1938 P. A. Johannes  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1938, to Nov. 24 1938  
 I last saw him alive on Nov. 24 1938. Death is said to have occurred on the date stated above, at 7.30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Acute Myocardial Failure Date of onset Nov 23 1938  
Acute Bronchitis Nov 15 1938  
 Other contributory causes of importance: 100%

Name of operation None Date of Nov 15 1938  
 What test confirmed diagnosis? Clinical 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 Nov 15 1938  
 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 No  
 (Signed) A. K. L. Kiley, M. D.  
 (Address) 16 E. Grand St. Aurora Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-665

Date Filed Apr. 6 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Herman Surridge ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed Herman Surridge .....

Licensed Embalmer No. 3072 .....

P. O. Address AURORA Mo. .....

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.)

If this body is not embalmed, above space should be left blank.