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.

DEC'D JAN [illegible]

1. PLACE OF DEATH

County St. Charles — Registration District No. 757 — File No. 44318

Township — Primary Registration District No. 3036 — Registered No. 176

City Strt Charles, Mo. (No. ..... St. ..... Ward)

2. FULL NAME 242 WILLIAM E. OGLESBY.

(a) Residence, No. 933 Switzer Ave. St., ... Ward. St. Louis, Mo.
(Usual place of abode) (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXX~~ Myrtle Oglesby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1879

7. AGE: YEARS 59 — MONTHS 6 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switch Foreman

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) Dec. 2, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesburg, Missouri

FATHER

13. NAME Wm. Oglesby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER

15. MAIDEN NAME Eleanor Schellhammer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Missouri

17. INFORMANT (ADDRESS) G. Grams (Son-inlaw) St. Louis, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~

PLACE New Bethlehem Co. DATE 12/6/38, 19

19. UNDERTAKER (ADDRESS) Kraeger-Voss-Fix 3402 No. Kingshighway

20. FILED Dec 5 1938 Clarence G. Nissler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest, 19 to 12-3-38, 19

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.50 PM m.

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

Bullet wound in head.
Hemorrhage of Brain.

(an act of his own hand and design)

Date of onset

Other contributory causes of importance: 167

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide. Date of injury 12-2-38, 19

Where did injury occur? Portage Des Sioux, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Club House.

Manner of injury Fired bullet into his head.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature] ###

(Address) Coroner St. Charles Co. Mo.