DEC'D MAR 9 1939

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

5879
Do not use this space.

1. PLACE OF DEATH
(a) County Boone — Registration District No. 76 4044
(b) Township — Primary Registration District No. 571013 — Registered No. 5
(c) City Hartsburg, Mo. — (d) Street No. Hartsburg, Mo. 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 Mrs Tillie Vogel
(a) Residence, No. Hartsburg, 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theo. Vogel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1864
7. AGE: YEARS 74 — MONTHS 8 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
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): Bonnots Mill, Mo.

FATHER
13. NAME: Xavier Pienet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Clement Vogel, Hartsburg, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Bonnots, Mill, Mo. DATE: Feb. 24, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): John F. Heinrichs, Jefferson City, Mo.
20. FILED 3/7 1939 H. A. Wimbley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2 — 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from 12 — 28, 1938, to 2 — 22, 1939
I last saw her alive on 2 — 21, 1939. 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:

Tuberculosis of Lungs

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms 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 ....., 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) C. P. Meyer, M. D.
77 (Address) Hartsburg Mo

Licensed Embalmer's Statement on Reverse Side)

NB. 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.

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, John F. Henricks, or by .....

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

Signed John F. Henricks

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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