

MAR 9. 1939

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

Do not use this space.

6703

1. PLACE OF DEATH

County Howell Registration District No. 395
Township Winters Primary Registration District No. 5336
City Rural (No. 4) St. _____ Ward _____

2. FULL NAME

Mahaley Ogle.

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? -yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1843

7. AGE YEARS 95 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) North Carolina.

13. NAME Jesse Dixon.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina.

15. MAIDEN NAME Jennie Goss.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Wm Ogle, Hutton Valley, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hutton Valley DATE 2/26 1939

19. UNDERTAKER (ADDRESS) Burns & Son, Willow Springs, Mo.

20. FILED 2-25-39 Nanette Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25-1939

22. I HEREBY CERTIFY, That I attended deceased from 10/28/37, 1937, to 2-25-, 1939

I last saw h. live on 2-21-, 1939. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Date of onset 2-20-39

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? Chans 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? _____ If so, specify _____

(Signed) W. J. Callahan, M. D.
(Address) Willow Springs, 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.

