

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D APR 19 1939

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

Do not use this space.

1. PLACE OF DEATH ²
 County Dunklin Registration District No. Cochran 284
 Township Halecomb Primary Registration District No. 5404 B.
 City (No. _____) St. _____ Ward _____

2. FULL NAME Dora Belle Hogg
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10705

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milford S.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 2 26

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. at home with

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Daughter

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1938, to 1/29/39, 19____.

I last saw her alive on 1/27, 1939. Death is said to have occurred on the date stated above, at 3:50 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Emphysema
 Date of onset Dec 27/38

Other contributory causes of importance:
Lobar Pneumonia

12. BIRTHPLACE (CITY OR TOWN) Union City (STATE OR COUNTRY) Tenn

13. NAME James Johnson 1

14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)

15. MAIDEN NAME Thompson

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

17. INFORMANT W A Hogg (ADDRESS) Paragould Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Lloyd - Halecomb DATE _____ 19____

19. UNDERTAKER W T Doby (ADDRESS) Paragould Ark

20. FILED H-10 1939 Anderson Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis Physicaf 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) W A Hogg, M. D.
 _____ (Address) Halecomb Ark

