

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

16017

Do not use this space.

REC'D MAY 22 1939

**1. PLACE OF DEATH**

(a) County St. Francois <sup>3</sup> Registration District No. 773  
 (b) Township St. Francois <sup>1</sup> Primary Registration District No. 6018A Registered No. 68  
 (c) City Near Farmington or Near Farmington (d) Street No. State Hospital No. 4 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** JAMES S. HOGAN

(a) Residence, No. Flat River, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 (OR) WIFE OF Ellen Brewen Hogan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-1850

7. AGE YEARS 88 MONTHS 7 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Worked in mines  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Mine La Motte (STATE OR COUNTRY) Missouri

FATHER 13. NAME Calvin Hogan

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

MOTHER 15. MAIDEN NAME Catherine Boak

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

17. INFORMANT Records of State Hospital No. 4 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkview Cemetery DATE March 17 1939 Farmington, Mo.

19. FUNERAL DIRECTOR (NAME) Sparks and Co (ADDRESS) 6 W. 1st St. Farmington, Mo.

20. FILED April 21 1939 B. J. Robinson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15 19 39

22. I HEREBY CERTIFY, That I attended deceased from 11-30-38, 19 38 to 4-15, 19 39

I last saw him alive on 4-14, 1939. Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Senility with psychosis

Date of onset

Other contributory causes of importance:

Chronic myocarditis.

General arteriosclerosis.

Chronic nephritis.

Name of operation None Date of no

What test confirmed diagnosis? Plain plate 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 None

Nature of injury .....

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

If so, specify .....

(Signed) John J. Gaudin

1939 (Address) Farmington, Mo.

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

K. 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.

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, or by ~~2634~~

*Buerd Sparks* Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Buerd Sparks* \_\_\_\_\_  
Licensed Embalmer No. *2634* \_\_\_\_\_  
P. O. Address *Blum 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.**