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 JUN 8 1939

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

Do not use this space.

17589

File No. 1991

Registered No.

1. PLACE OF DEATH
County Jackson 3 Registration District No. 399
Township Kaw 1 Primary Registration District No. 1008
City Kansas City, Mo. (No. 16th & Blue St. Ward)

2. FULL NAME 250 Chester LeRoy Hogan, (Larry)
(a) Residence, No. 211 E 5th St., K. C. Mo 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.

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: Francis Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: about 65 YEARS; MONTHS: –; DAYS: –; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A.
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): Kans. 1

FATHER
13. NAME: Thomas Hogan 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 9

MOTHER
15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): C. L. Hogan, 1015 Cherry St., City

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 5-13 1939

19. UNDERTAKER (ADDRESS): Shiel Funeral Home, 6606 Independence

20. FILED May 12, 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

108

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Auth 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) Russell W. Zeman, M. D.
(Address) K. C. Mo