

REC'D SEP 19 1939

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

29932

Do not use this space.

1. PLACE OF DEATH
(a) County Phelps Registration District No. 677
(b) Township Rae Primary Registration District No. 4403 Registered No. 97
(c) City Rae (d) Street No. Rae Hospital 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 a foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Eugene Vogt
(a) Residence, No. Rae mo St. Mo
(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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 6 18

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

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) Rae mo

FATHER
13. NAME Lester Vogt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Mo

MOTHER
15. MAIDEN NAME Margaret Wheeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dennis Mo

17. INFORMANT (ADDRESS) Margaret Vogt, Rae, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rae DATE Sept 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thelma Brown, Rae, Mo

20. FILED Sept 4, 1939 Jo. F. Cyren Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1939 to Sept 3, 1939
I last saw him alive on Sept 3, 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:
Mal Nutrition
155
Other contributory causes of importance: artificial feeding

Name of operation thorax Date of no
What test confirmed diagnosis thorax 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) William St. James M. D.
610 (Address) St. James, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

District Health Officer No. 3,

Signed.....

District File Number...939222

Licensed Embalmer No.....

Date Filed 9/18/89

P. O. Address.....

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.