

REC'D SEP 20 1939

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

29257
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 352
(b) Township Deerpates Primary Registration District No. 5493 Registered No. 15
(c) City Montrose, Mo. (d) Street No. _____ 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

Blaze Vogel
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Clara Jeanman Vogel (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1874
7. AGE YEARS 63 MONTHS 6 DAYS 7 IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
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) Germany 6
FATHER 13. NAME Alloysius Vogel 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6
MOTHER 15. MAIDEN NAME Catherine Vogel (M)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Blaze Vogel
(ADDRESS) Montrose Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE Aug 12 39
19. FUNERAL DIRECTOR (NAME) William Bee
(ADDRESS) Montrose Mo
20. FILED 8-16 1939 W. E. Baggerly
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 39
22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1939, to Aug 10, 1939
I last saw him alive on any ?, 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach with metastasis of liver. Date of onset _____
Other contributory causes of importance: Hb
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) R. L. Hanson, M. D.
Appleton City
377 (Address)

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.

Signed

Licensed Embalmer No.

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.