DEC 23 1930

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

Do not use this space.

40152

1. PLACE OF DEATH
County Mauteau Registration District No. 576
Township Burris Fork Primary Registration District No. 5774
City (No. St. Ward)
File No.
Registered No. 8

2. FULL NAME Harald K. Hogsett
(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. 1 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 1930

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	26	

8. OCCUPATION OF DECEASED ✓
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Enon Mo
(STATE OR COUNTRY) R-1

PARENTS

10. NAME OF FATHER Harald Hogsett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Enon Mo R-1
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nellie Scott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Enon mo R-1

14. INFORMANT Harold Hogsett
(Address) Enon Mo R-1

15. FILED 12-10-1930 Ira H. Dinkle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

✓

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9th 10 A.M. 1930

17.
I HEREBY CERTIFY, That I attended deceased from Dec 8, 1930, to Dec 10, 1930,
that I last saw h... alive on Dec 9th, 1930, and that
death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Lobar Pneumonia
1 0 8
1 5 9
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Premature Birth
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. S. Glover, M. D
, 19 (Address) Russellville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Gray Cemetry	Dec 11 1930
20. UNDERTAKER None	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.