

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

Do not use this space.

SEP 25 1936

31713

1. PLACE OF DEATH

County Moniteau
Township Burris Fork
City (No. , St. Ward)

Registration District No. 214
Primary Registration District No. 5774B

File No.
Registered No. 8

2. FULL NAME Unnamed baby Hogsett

(a) Residence, No. Russellville, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 28th, 1936</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1936, 19 , to Aug. 28, 1936, 19 .
I last saw her alive on Aug. 28, 1936, 19 . Death is said to have occurred on the date stated above, at 8a m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Premature Birth

Other contributory causes of importance:

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	
	12. BIRTHPLACE (CITY OR TOWN) <u>Russellville,</u> (STATE OR COUNTRY) <u>Missouri</u>	
FATHER	13. NAME <u>J. Harold Hogsett</u>	11. Total time (years) spent in this occupation
	14. BIRTHPLACE (CITY OR TOWN) <u>Enon,</u> (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Kellie Scott</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Enon,</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	17. INFORMANT <u>Harold Hogsett</u> (ADDRESS) <u>Russellville, Mo.</u>	11. Total time (years) spent in this occupation
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gray Cem.</u> DATE <u>Aug. 28th, 1936</u>	
	19. UNDERTAKER <u>G.N. Steffens</u> (ADDRESS) <u>Russellville, Mo.</u>	
	20. FILED <u>Aug 28, 1936</u> <u>Mrs. Mahel Barbour</u> Registrar	

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 Walter L. Lytle M. D.
(Signed) Russellville Mo
(Address)

