

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.

APR 28 1932

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

Do not use this space.

13302

1. PLACE OF DEATH

68 County Moniteau
Towship Burrus Ford
City..... (No.....)

Registration District No. 576
Primary Registration District No. 5774

File No.....
Registered No. 2
St..... Ward)

2. FULL NAME

Robert Lee Hogsett

(a) Residence. No..... St..... Ward.....
(Usual place of abode)
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.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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) April 2 1932

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

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)

(STATE OR COUNTRY) Exon Mo R-1

10. NAME OF FATHER J. Harold Hogsett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Exon Mo R-1

12. MAIDEN NAME OF MOTHER Mellie Beatt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Exon Mo R-1

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

15. FILED Apr 10 1932 Mr. H. C. Drake
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 19 32

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1932, to April 2, 1932
that I last saw him alive on April 2, 1932, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

9 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) B. 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

Gray Cem.

DATE OF BURIAL

4-3 1932

20. UNDERTAKER

G. H. Steffens

ADDRESS

Russellville Mo

