JUN 24 1927

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

Do not use this space.

14185

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 471
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Millie Ogden,
(a) Residence. No. St., Ward. Brown County, Kansas
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23, 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
42	1	10	

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

9. BIRTHPLACE (CITY OR TOWN) Brown County
(STATE OR COUNTRY) Kansas,

PARENTS

10. NAME OF FATHER James White Cloud,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Nebraska,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Daniel Ogden
(Address) White Cloud, Kansas.

15. FILED MAY 3 1927 19 John G. Uth REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3rd 1927

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1927, to May 2nd, 1927 that I last saw her alive on 5/2/27, 19..., and that death occurred, on the date stated above, at 10:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis (Luetic)
34
93C
(duration) 2+ yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chip findings - Blood
(Signed) A. H. Wallace Jr., M.D.
5/5, 1927 (Address) St. Joseph, 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: White Cloud, Kansas,
DATE OF BURIAL: May 5, 1927.

20. UNDERTAKER: Heaton-Belgole Und Co. by J. W. Kaale
ADDRESS: 319 S. 10 St.

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.