AUG 16 1927

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

Do not use this space.

21104

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No.
Township ~~Washington~~ — Primary Registration District No. 3016 — Registered No. 35
City Washington (No. ..... St. ..... Ward)

2. FULL NAME Mary Fogelman
(a) Residence. No. South Cedar Str 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21st1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
No	0	1	21	

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

9. BIRTHPLACE (CITY OR TOWN) Washington Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Robert.M Fogelman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tuscumbia Mo
12. MAIDEN NAME OF MOTHER Arvy Gordon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Eugene Mo

14. INFORMANT Robert M Fogleman
(Address) Washington Mo

15. FILED July 13 1927 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1927

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1927, to July 12, 1927 that I last saw her alive on July 10, 1927, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Inanition
157
158
161a
(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (SECONDARY) Premature birth
7 Mon. gestation (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? - - -
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical observation
(Signed) B. E. MacKopf, M. D
7/12/1927 (Address) Washington, 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: Tuscumbia Mo — DATE OF BURIAL: July 13th 1927

20. UNDERTAKER: Otto & Co By Geo H Otto — ADDRESS: Washington

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.