

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

Do not use this space.

40967

1. PLACE OF DEATH  
 County Jackson Registration District No. 302  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 4232, Prospect St. 1055 Ward)

2. FULL NAME David Vogel  
 (a) Residence, No. 4232 Prospect St. 15 Ward.  
 (Usual place of abode) 35 (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 35 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Vogel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>52</u>	<u>10</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caterer

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) 12-5-31 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

13. NAME Jacob Vogel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

15. MAIDEN NAME Martha

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Dena Vogel  
 (ADDRESS) 4232 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cem. DATE 12-13-31, 1931

19. UNDERTAKER J.P. Louis Funeral Home  
 (ADDRESS) Kansas City, Mo.

20. FILED 12/13, 1931 M. M. Kerove Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11-31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-5-31, 1931, to 12-11-31, 1931.  
 I last saw him alive on 12-11-31, 1931. Death is said to have occurred on the date stated above, at 11:40 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Double Bronchopneumonia  
107A  
10/10  
 Other contributory causes of importance:

Name of operation none Date of ?  
 (What test confirmed diagnosis) clinical ex. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none Date of injury none, 1931  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) D.M. Meyer M. D.  
 (Address) 531 E. 10th St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MOTHER FATHER OCCUPATION

