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.

SEP 24 1932

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

Do not use this space.

26764

1. PLACE OF DEATH

64

County Marion — Registration District No. 548.

Township Liberty — Primary Registration District No. 5740.

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 51

2. FULL NAME Fred William Bogar

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

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 20, 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	10	29	

OCCUPATION

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

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) 1928

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adams County, Ill.

FATHER

13. NAME: No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record 31

MOTHER

15. MAIDEN NAME: No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): John Bogar, Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood Cemetery DATE 8/21/32 19

19. UNDERTAKER (ADDRESS): Lewis Bros, Palmyra, Mo.

20. FILED Aug 20th 1932 Gertrude Lee, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1930, to Aug 19th, 1932

I last saw him alive on Aug 19th, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

936 93

Date of onset ✓

Other contributory causes of importance: ✓

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify .....

(Signed) W. C. O'Neal, M. D.

(Address) Palmyra, Mo.