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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

7-36649

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township — Primary Registration District No. 3032 — Registered No. 294
City Sedalia (No. Bothwell Hosp. St. Ward)

2. FULL NAME Myrna Warren Ogle
(a) Residence, No. 1720 So Stew 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry P. Ogle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1898

7. AGE: YEARS 34 — MONTHS 9 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2.35
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 2

FATHER
13. NAME E. S. Hackett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Ethel Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Henry P. Ogle Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 11/10/32, 19

19. UNDERTAKER (ADDRESS) Gillespie Fun Home Sedalia Mo

20. FILED 11-9, 1932 J. F. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 6th, 1932, to Nov 7, 1932
I last saw her alive on Nov 7, 1932. Death is said to have occurred on the date stated above, at 5 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, Traumatic following automobile accident	11/6/32
210M	
Other contributory causes of importance: Fractures multiple (5) Pelvis	201

Name of operation No 210 Date of ✓
What test confirmed diagnosis? Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 11/6, 1932
Where did injury occur? 3 mi South of Sedalia Mo on Highway 65 (Specify city, or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Highway 65
Manner of injury Automobile Collision
Nature of injury Fractures (5) Pelvis

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify C. B. Frazier Mo
(Signed) M. D.
(Address) 112 W 4th St Sedalia Mo.

MAY 2 6 1949