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

Do not use this space.

40353

File No.
Registered No.

1. PLACE OF DEATH
County: Johnson
Township: Rose Hill
City: La Tour Mo. (No. , St. Ward)
Registration District No. 437
Primary Registration District No. 5594

51

2. FULL NAME: Wilma M. Ogwin

(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 7 yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 24 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 29-1925

7. AGE: Years 7 | Months 6 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School
10. Date deceased last worked at this occupation (month and year): Dec 15-1932
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: John W. Ogwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Stacey B. Walkley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Stacey Blanche Ogwin, La Tour Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rose Hill DATE: 12/22 1932

19. UNDERTAKER (ADDRESS): John H. Murray, Holden, Mo.

20. FILED: Dec 22 1932 J. T. Shaffer, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932 to Dec 21, 1932
I last saw h. alive on Dec 21, 1932. Death is said to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Scarlet Fever

Other contributory causes of importance:

Name of operation: 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, 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?
If so, specify
(Signed) J. T. Shaffer, M. D.
(Address) La Tour Mo.

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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD