

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.

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

Do not use this space.

18072

**1. PLACE OF DEATH**

County ..... Registration District No. **701**  
 Township ..... Primary Registration District No. **000**  
 City **St. Louis** (No. ....) **Barnes Hosp.** St. .... Ward)

File No. ....  
 Registered No. **4273**  
 St. .... Ward)

**2. FULL NAME** *George Pershing Oglesby*

(a) Residence, No. .... St. **12** Ward. **Slaughter - Hwy**  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. **3** wks. 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** *Single*  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** *June 11-1918*

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*14 11 2*

**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)** ..... **11. Total time (years) spent in this occupation** *5 7/8*

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Webster Co. Mo*

**13. NAME** *Lem Oglesby*

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Webster Co. Mo*

**15. MAIDEN NAME** *Unknown Jackson*

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Webster Co. Mo*

**17. INFORMANT (ADDRESS)** *R. S. Durrilla Slaughterers Hwy*

**18. BURIAL, CREMATION, OR REMOVAL PLACE** *Slaughterers Hwy* DATE *May 18 1933*

**19. UNDERTAKER (ADDRESS)** *Slaughterers Und. Co. Slaughterers Hwy*

**20. FILED** *MAY 15 1933* *X. F. Beck* Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *May 14* 19*33*

**22. I HEREBY CERTIFY, That I attended deceased from** *4-24* 19*33* to *5-14* 19*33*  
 I last saw h. t. n. alive on *5-14* 19*33* Death is said to have occurred on the date stated above, at *1:45 p.m.*

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

*Brain Abscess - unknown Cause*  
*Appendiceal Abscess - Cause Unknown*  
*1931 B*  
*79 A*  
*121*  
 Other contributory causes of importance: *Meningitis - appx* *May 14 1933*

Name of operation *Drainage of abscess* Date of *Apr 24 1933*  
 What test confirmed diagnosis? *Lab. tests* Was there an autopsy? *Yes*

**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) *Kenneth R. Bell* M. D.  
 (Address) *BARNES HOSPITAL*

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