

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH  
 57 County Johnson Registration District No. 427  
 Township Kingsville Primary Registration District No. 42-5-4 File No. 9438  
 City Kingsville (No. 355) Registered No. 12 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Andrew Jackson Oglerie  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 3 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Oglerie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
73 20 1

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

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

FATHER  
 13. NAME John Oglerie  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER  
 15. MAIDEN NAME Lydia Ballard  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) J. G. Oglerie Kingsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence Mo DATE Mar 6 1934

19. UNDERTAKER (ADDRESS) W. H. Goodman Holden Mo.

20. FILED Mar 5 1934 D. G. Murray, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st 1934 to Mar 3rd 1934  
 I last saw him alive on Mar 3rd 1934 Death is said to have occurred on the date stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:

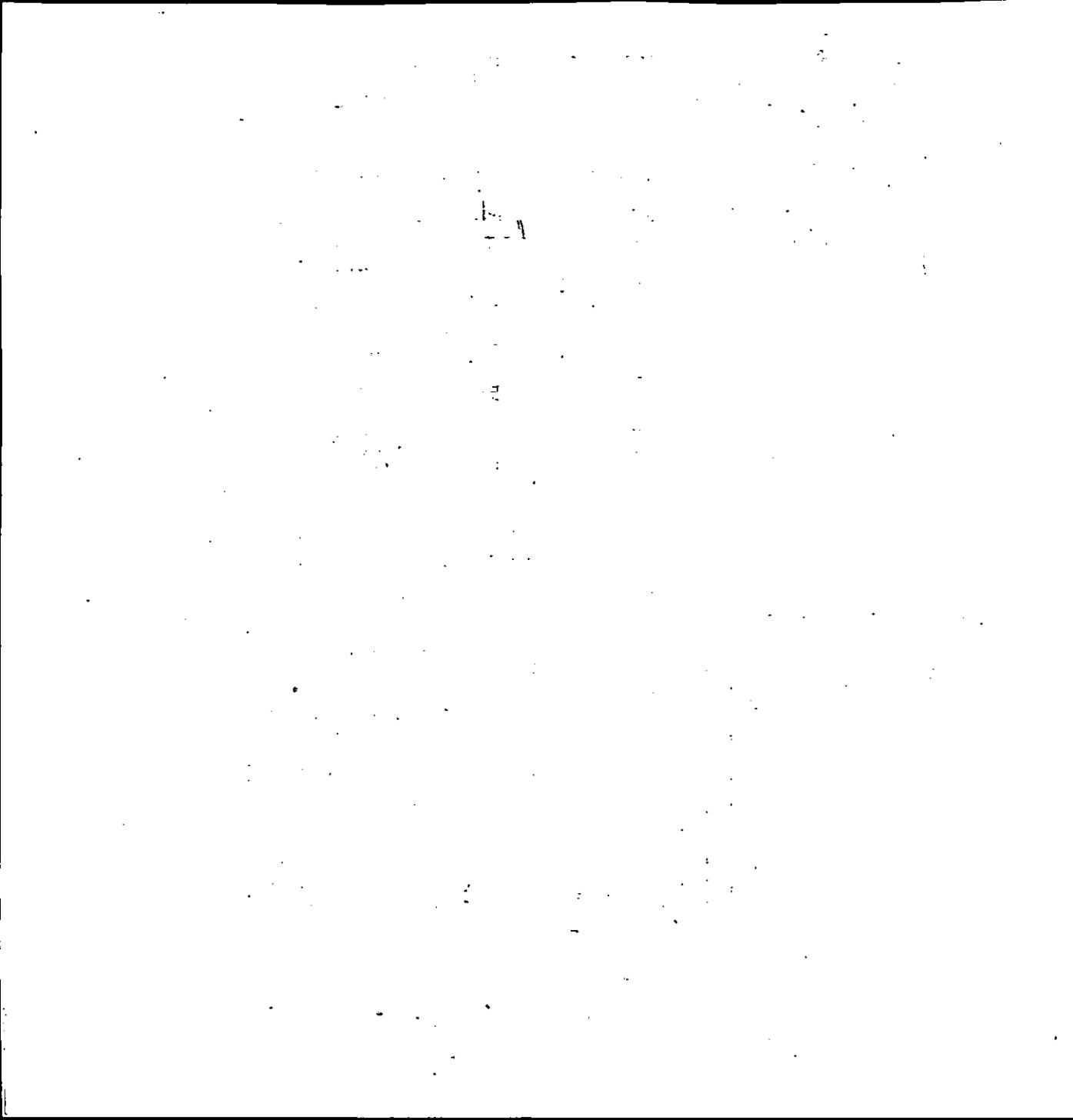
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Emery Thompson, M. D.  
 (Address) Holden Mo

5-6-34



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jackson Registration District No. 427 File No. \_\_\_\_\_  
 Township Rayville Primary Registration District No. 3-5-83 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Andrew Jackson Oglesby

(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 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** M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** M (write the word)

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Mar 3 1934

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

**22. I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the \_\_\_\_\_ above, at \_\_\_\_\_ m.

**7. AGE** YEARS 73 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Apoplexy (Cerebral) Date of onset \_\_\_\_\_

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

Other contributory causes of importance: \_\_\_\_\_

**13. NAME**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**15. MAIDEN NAME**

**23. If death was due to external causes (violence), fill in also the following:**

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

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

**17. INFORMANT (ADDRESS)**

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

**18. BURIAL, CREMATION, OR REMOVAL**

Specify whether injury occurred in industry, in home, or in public place.

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

Manner of injury \_\_\_\_\_

**19. UNDERTAKER (ADDRESS)**

Nature of injury \_\_\_\_\_

**20. FILED** 3/5/34 1934 J. L. Murray Registrar

**24. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

SUPPLEMENTARY

S-9438