

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.

OCT 24 1934

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

Do not use this space.

30051

1. PLACE OF DEATH

County Gasconade Registration District No. 30254 File No. _____
Township W. Missouri Primary Registration District No. 5730 Registered No. _____
City 1 23 (No. _____) St. _____ Ward _____

2. FULL NAME

Ellen Catherine Vogeler
(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Vogeler</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep. 29 1866</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>10</u>	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Bradford Co Mo</u>				
FATHER	13. NAME <u>Dan Kasper</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bradford Co Mo</u>			
MOTHER	15. MAIDEN NAME <u>Amanda Stumpf</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Owensville Mo</u>			
17. INFORMANT <u>Louis Vogeler</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grave Dale</u> DATE <u>Aug 13 34</u>				
19. UNDERTAKER <u>Zam Jickles</u> (ADDRESS)				
20. FILED <u>Oct 10 1934</u> <u>Mrs. Lena Spolenski</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

2A. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1934

I HEREBY CERTIFY, That I attended deceased from Aug 7 1934 to Aug 11 1934

I last saw her alive on Aug 7 1934 Death is said

to have occurred on the date stated above, at 11 a m.

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

Bowel Infection

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 _____

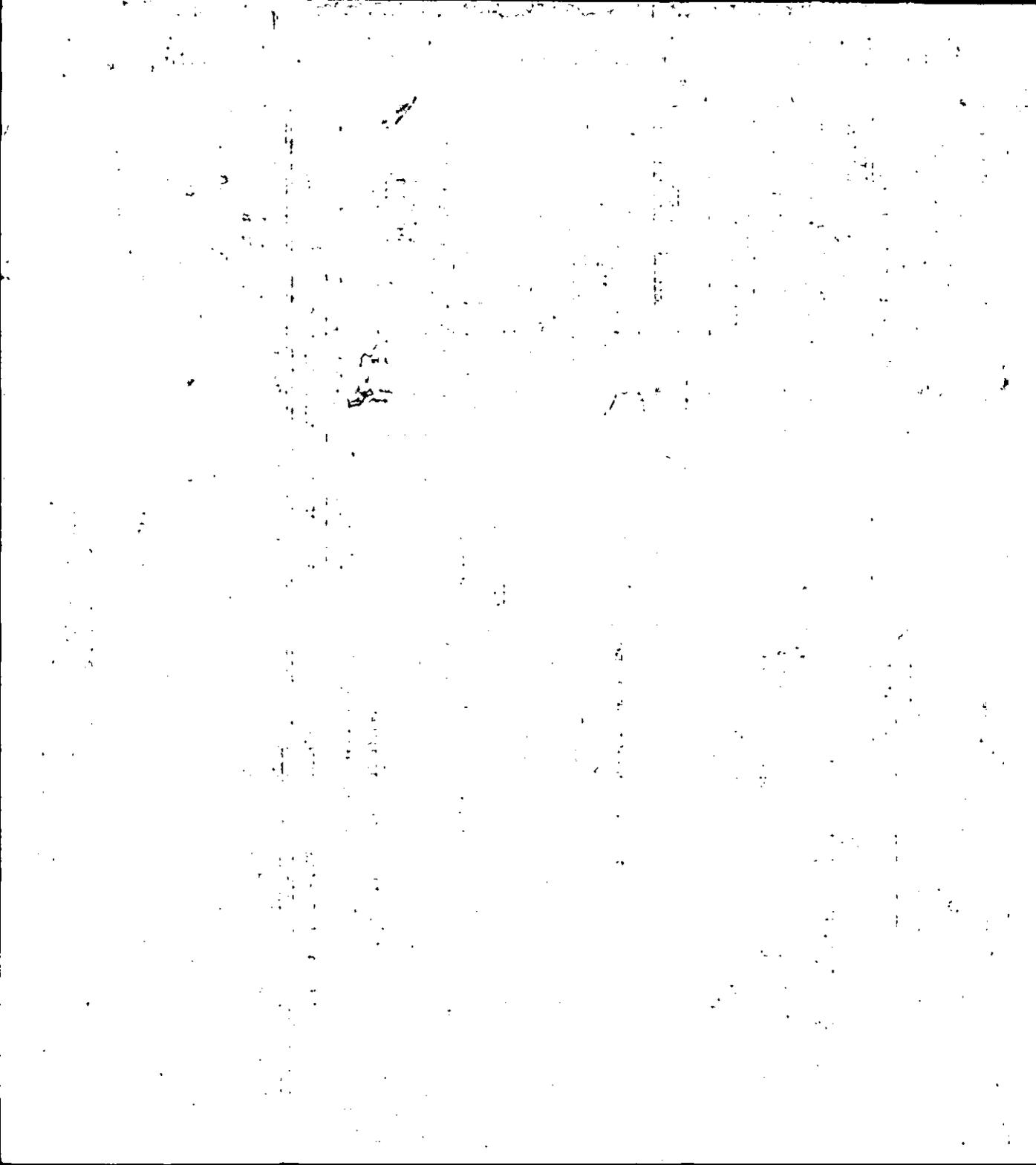
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. A. Jung, M. D.

(Address) Bradford Mo



Maries

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ellen Catherine Vogeler
Who died at _____ on Aug 11 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced:

Date of birth _____ Age: Years 67 Months 10 Days 19

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Bozell Infelion Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Gastroenteritis

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician C. A. Bunge

Address of physician Blond mo

Signature of Registrar: Mrs. Geneva Johnson Date filed Nov 12 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 541

E. T. McGaugh

Primary Reg. Dist. No. 5730

State Registrar
Special Agent.

5-30051