

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Buchanan*

Registration District No. *85*

File No. *5118*

Township *St Joseph*

Primary Registration District No. *1001*

Registered No. *202*

City *St Joseph* (No. *2124 Oakland*)

St. *2* Ward

St. *2* Ward

2. FULL NAME

Charles Franklin Ogden

(a) Residence, No. *2124 Oakland* St. *2* Ward *1*
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs. mos. 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 *Hattie*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 19 - 1868*

7. AGE YEARS *68* MONTHS *6* DAYS *28* If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Iron Keeper*

10. Date deceased last worked at this occupation (month and year) *Feb 31* 11. Total time (years) spent in this occupation *25*

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

13. NAME *David Ogden*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Lytle Ogden St Joseph*

18. BURIAL, CREMATION, OR REMOVAL *St Joseph*
Place *Auburn* DATE *Feb 15 1937*

19. UNDERTAKER (ADDRESS) *Larry Hyde 218 410*

20. FILED *Feb 17 1937* *A J Pratt* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 12 1937*

22. I HEREBY CERTIFY that I attended deceased from *Nov 12 1936* to *Feb 10 1937*

I last saw him alive on *Feb 10 1937* Death is said to have occurred on the date stated above, at *3:50 p.m.*

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

Myocardial infarct. Date of onset *?*

Other contributory causes of importance: *Chr. neph -*

arterio-sclerotic -
Senile stenosis *Jan 31*

Name of operation *none* Date of *Feb 10*

What test confirmed diagnosis *Autopsy* Was there an autopsy *no*

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 *no*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Edmund W. Ward*, M. D.

(Address) *Kirkpatrick Bldg.*

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.

MOTHER FATHER

