

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

3883
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 7435970
 (b) Township Orick Primary Registration District No. 4445 Registered No. 3
 (c) City Country (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Leonard Bogart 260
 (a) Residence, No. _____ St. Orick, Mo. R.F.D.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Florence Bogart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20th 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 0 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant
 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) Ray Co Mo

FATHER 13. NAME John Riley Bogart

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

MOTHER 15. MAIDEN NAME Sarah S Frakes

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

17. INFORMANT (ADDRESS) Florence Bogart Orick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Church Ray Co Mo DATE Jan 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ch. W. Givens Orick Mo

20. FILED 2/10, 1938 Ch. W. Givens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1938

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:25 P. m.

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

Suicide - Shotgun shot wound, left Chest Date of onset Jan 19 38

Other contributory causes of importance: 167

Name of operation _____ Date of _____
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury Jan 19, 1938
 Where did injury occur Orick, Mo. R.F.D.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place Stone house, adjoining his store
 Manner of injury Shot through chest
 Nature of injury Bullet wound

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Ch. W. Givens, M. D.
 (Signed) Ch. W. Givens (Address) Orick, 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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, W. C. Gibson, Licensed Embalmer No. 2299

heréby certify that the body recorded on the reverse side of this certificate was embalmed by W. C. Gibson

.....L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. C. Gibson

Licensed Embalmer No. 2299

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)