REC'D JUN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson — Registration District No. 421 — File No. 18589

Township — Primary Registration District No. 4249 — Registered No. 55

City Festus (No. ..... St. ..... Ward)

2. FULL NAME Elbert F. Ogle 240

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth(Simcox) Ogle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8., 18888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	6	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Dairy Farmer 0
(c) Name of employer Self 0

9. BIRTHPLACE (CITY OR TOWN) Festus
(STATE OR COUNTRY) Missouri 0

PARENTS
10. NAME OF FATHER Oscar Ogle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Jefferson County Mo.
12. MAIDEN NAME OF MOTHER Katherine Ogle Donnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Jefferson County Mo.

14. INFORMANT Oscar Ogle
(Address) Festus Mo.

15. FILED 5/31, 1938 J E Rutledge MD REGISTRAR
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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1938

17. I HEREBY CERTIFY, That I attended deceased from June, 1937, to May 27, 1938 that I last saw him alive on May 27, 1938, and that death occurred, on the date stated above, at 8:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchiogenic Carcinoma of left lower lobe of lung
(duration) about 1 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Terminal Pulmonary hemorrhage (duration) 10 min. yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X-ray
(Signed) R. H. Donnell M. D.
May 28 1938 (Address) Crystal City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Festus MO	May 30 1938
20. UNDERTAKER	**ADDRESS**
Duester and Vinyard	Festus Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.