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.

REC'D MAR 16 1939

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

Do not use this space.

File No. 6319

Registered No. 23

1. PLACE OF DEATH

County: Cooper

Township: Cooper

City: Boonville (No. Alex Van Ravenswaay Clinic St. ..... Ward)

Registration District No. 218

Primary Registration District No. 3015

2. FULL NAME: Noble Vogel

(a) Residence, No. ~~Hwy V~~ St., Ward. Tipton Mo.
(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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1921-7-29

7. AGE: Years 17 Months 6 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Tipton, Mo.

FATHER

13. NAME: Ernest Vogel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montrose, Mo.

MOTHER

15. MAIDEN NAME: Lucy Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Mo

17. INFORMANT (ADDRESS): Mrs. Ernest Vogel Tipton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Tipton Mo. DATE: 2-21-, 1939

19. UNDERTAKER (ADDRESS): J. J. Kirkpatrick Tipton, Mo.

20. FILED: Feb 20, 1939 D. C. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1939, to 2-19, 1939

I last saw h. on alive on 2-19, 1939. Death is said to have occurred on the date stated above, at 11:50 A.m.

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

	Date of onset
Ruptured appendicitis c peritonitis	1-16-39

Other contributory causes of importance: 121

Name of operation: Appendectomy & drainage Date of 1-17-39

What test confirmed diagnosis? ..... 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

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

If so, specify

(Signed) Aubrey H. Wells, M. D.

197 (Address) Boonville, Mo.

RECEIVED
istrict Health Officer No. 8,
strict File Number
te Filed 3/6/39