

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

Do not use this space.

23997

1. PLACE OF DEATH

County Ros
Township
City Richmond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 70
St. Ward)

2. FULL NAME

Levi Augustus Ogg
(a) Residence. No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19 - 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 6

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

9. BIRTHPLACE (CITY OR TOWN) Bedford
(STATE OR COUNTRY) Inda

PARENTS
10. NAME OF FATHER Levi Ogg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

14. INFORMANT F. E. Prasan
(Address) Richmond, Mo.

15. July 26 1930
E. B. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25, 1930
17. I HEREBY CERTIFY, That I attended deceased from 1-1, 1930, to 7-25, 1930, that I last saw him alive on 7-25, 1930, and that death occurred, on the date stated above, at 10-30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Hepatitis
131
137 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypertrophy of Prostate
(duration) 5 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 Physician findings
(Signed) J. J. ... M. D.
7-26, 1930 (Address) Richmond 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 Springdale DATE OF BURIAL July 27 1930
20. UNDERTAKER E. Thurman ADDRESS Richmond Mo

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.

AUG 26 1930

