

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.

MAY 25

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

Do not use this space.

13958

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City R.F.D. (No. \_\_\_\_\_)

Registration District No. 7445  
Primary Registration District No. 3035

File No. \_\_\_\_\_  
Registered No. 52  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Luther Ogg

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roxie Ogg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8/15/1867</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>8</u>
	DAYS <u>7X</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Ray Co Mo</u>		
FATHER	13. NAME <u>T. J. Ogg</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Cox</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Marvin Ogg</u> (ADDRESS) <u>Resident no</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Tulla Chapel</u> DATE <u>4/23</u> 19 <u>34</u>		
19. UNDERTAKER <u>C. V. Gibson</u> (ADDRESS) <u>Orick Mo</u>		
20. FILED <u>5-8</u> 19 <u>34</u> <u>E. Gay</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 1929 to 4-22 1934

I last saw him alive on 4-7 1934 Death is said to have occurred on the date stated above, at 8 a.m.

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

Chronic Myocarditis Date of onset 93

1926

32A

Other contributory causes of importance:  
Stenosis - Coronary  
hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) J. E. Reiser M. D.  
(Address) Ex. Calver Springs

WRITE PLAINLY, WITH OBTAINING INSTRUMENTS

