

AUG 22 1935

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

Do not use this space.

24141

1. PLACE OF DEATH

County Ray Registration District No. 743
 Township Orish Primary Registration District No. 4449
 City New Smith (No. 5970) St. _____ Ward _____

File No. _____
 Registered No. 32
 St. _____ Ward _____

2. FULL NAME

Janus Bogart
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/21/1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 0

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

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) Ray Co. Mo

13. NAME John Bogart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Elizabeth Hoque

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Ethel Paulson
 (ADDRESS) Orish Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rife Court DATE 7/22 1935

19. UNDERTAKER C. V. Gibson
 (ADDRESS) Orish Mo

20. FILED 8/10/ 1935 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21-1935

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935, to July 21, 1935

I last saw him alive on July 20, 1935 Death is said to have occurred on the date stated above, at 2 a. m.

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

Organic Heart Disease

Date of onset

3/15

Other contributory causes of importance:

Heart Failure
Chloroform

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Robt. Sheetz, M. D.

(Address) Orish 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.

THE BUREAU OF THE
INTERNAL SECURITY

UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

MEMORANDUM FOR THE DIRECTOR

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]