

JUN 27 1930

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

Do not use this space.

17078

1. PLACE OF DEATH

County Ray  
Township Cruck  
City Cruck (No. ....)

Registration District No. 743  
Primary Registration District No. 4445

File No. ....  
Registered No. 12  
St. .... Ward)

2. FULL NAME Thomas E. 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

Male

4. COLOR OR RACE

White

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

married

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

Anna Mae Bogart

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

Oct 10 1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

37

6

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Coal Miner

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ray County  
(STATE OR COUNTRY)

10. NAME OF FATHER John Riley Bogart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray Co.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Frakes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ray County  
(STATE OR COUNTRY)

14. INFORMANT Ms. Sarah Nelson  
(Address) Excelsior Springs

15. FILED May 6 1930 L. E. Ellis  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1930

17. I HEREBY CERTIFY, That I attended deceased from .....  
....., 19....., to....., 19.....  
that I last saw h..... alive on....., 19....., and that  
death occurred, on the date stated above, at About 12..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gunshot wound through left chest

Evidently suicide.

1107 sudden  
(duration) yrs. mos. ds.

CONTRIBUTORY 170  
(SECONDARY) (duration) 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? surrounding circumstances

(Signed) L. E. Ellis, M. D.

May 5, 1930 (Address) Cruck 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 Union DATE OF BURIAL May 9 1930

20. UNDERTAKER C. V. Gibson ADDRESS Cruck Mo

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.

2000

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