

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.

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

1 PLACE OF DEATH

County Jackson

Township Kaw

Village Kansas City, Mo

City Kansas City, Mo

Registration District No. 399

Primary Registration District No. 1002

(NO. 1424 Virginia St., Ward)

File No. 34388

Registered No. 2544

34388

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Natoma L. Agnew

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH June 6 1914
(Month) (Day) (Year)

7 AGE 2 yrs. 4 mos. 7 ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work None (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Illinois

10 NAME OF FATHER Edwin J. Agnew

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.

12 MAIDEN NAME OF MOTHER Margaret Thomas

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. J. Agnew
(Address) 1424 Virginia

15 Filed 1914 Geo. F. Miller Registrar

OCT 15 1914

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 13 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 11th, 1916 to Oct 13th, 1916, that I last saw him alive on Oct 13th, 1916, and that death occurred, on the date stated above, at 8:20 A.M.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
involving both
lungs. Respiration
(Duration) yrs. mos. ds.

CONTRIBUTORY Indole and other warts.
(Duration) yrs. mos. ds.
(Signed) J. P. Henderson M. D.
1013 1/2 (Address) 4th & Gracey

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds. B
Where was disease contracted if not at place of death?
Former or usual residence #111 Belmont Flats.

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Oct 15 1916

20 UNDERTAKER W. W. Henderson's Co. ADDRESS 2111 E 9th

