

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

Do not use this space.

27671

1. PLACE OF DEATH

County Jefferson
Township Waller
City St. Louis (No.)

Registration District No. 470
Primary Registration District No. 3022

File No.
Registered No. 220
St. Ward)

2. FULL NAME

Selma Agers

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX A 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
21 10 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work shoe worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson co.
(STATE OR COUNTRY)

10. NAME OF FATHER William T. Agers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson co.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Namie Huskey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson co.
(STATE OR COUNTRY)

14. INFORMANT William T. Agers
(Address) De. Soto Mo

15. FILED 8/16/28 B. L. P. Ruggley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 1928

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 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carbolic Acid
Poisoning (Suicide)

CONTRIBUTORY (SECONDARY) 11:30 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 11:30
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? inquest

(Signed) Chas E. Hunt, M. D.

(Address) 551 Soto Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Woodlawn Aug. 17 1928

20. UNDERTAKER ADDRESS

C. H. Barnhart De Soto Mo

