

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

Do not use this space.

1. PLACE OF DEATH

County Wayne Registration District No. 895
Township Mill Spring Primary Registration District No. 6197
City Wayne (No.) St. Ward

2. FULL NAME

(a) Residence. No. St. Ward
(Usual place of abode)
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 OR (OR) WIFE <u>Bertrude Agnew</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 25-1876</u>		
7. AGE <u>52</u>	YEARS <u>6</u>	MONTHS <u>25</u>
If LESS than 1 day, <u> </u> hrs. <u> </u> min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Blacksmith</u>		

**9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

PARENTS	10. NAME OF FATHER <u>James Agnew</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	12. MAIDEN NAME OF MOTHER <u>Don't know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>

14. INFORMANT (Address) <u>Claude Agnew</u> <u>Mill Spring, Mo</u>
15. FILED <u>8/19, 1928</u> <u>Roy J. Owens</u> REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1928
17. I HEREBY CERTIFY That I attended deceased from Aug 19 1928 to Aug 19 1928
that I last saw him live on Aug 19 1928, and that death occurred on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Nephritis
131
CONTRIBUTORY (SECONDARY) 1290

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Roy J. Owens M.D.
8/19, 1928 (Address) Mill Spring 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 <u>Mill Creek Cem.</u>	DATE OF BURIAL <u>8/20 1928</u>
20. UNDERTAKER <u>none</u>	ADDRESS <u> </u>

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.

