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

Do not use this space.

33254

File No. 28

Registered No. 24

1. PLACE OF DEATH

County: Charlton — Registration District No. 177

Township: Duchlitt — Primary Registration District No. 4104

City: Duplitt (No. ..... St. ..... Ward)

2. FULL NAME Pocahontas Agee

(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: f

4. COLOR OR RACE: col

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C P Agee

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 6-1868

7. AGE: Years 61 — Months 7 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Jas Brown

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

12. MAIDEN NAME OF MOTHER: .....

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

14. INFORMANT: J Neal
(Address): Duplitt Mo

15. FILED: 11/1, 19 29 — R P Pum, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1929, to Oct 17, 1929, that I last saw h. alive on Oct 17, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Disease of heart
[illegible] 1929
[illegible] (duration) ..... yrs. 11 mos. ..... ds.

CONTRIBUTORY (SECONDARY): asthma
[illegible] (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF 8
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R P Pum, M. D
, 19 (Address) Duplitt 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: Duplitt Col Cemetery — DATE OF BURIAL: 10-20 1929

20. UNDERTAKER: W O Crutts — ADDRESS: Duplitt Mo