

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

Do not use this space.

34450

**1. PLACE OF DEATH**

County Miller  
Township Saline  
City Saline (No.           )

Registration District No. 561  
Primary Registration District No. 5753-2

File No.             
Registered No. 56  
St.            Ward           

**2. FULL NAME**

S Walker Agee

(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 OF (OR) WIFE OF <u>Rosalie Hunsley-Agee</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 18, 1854</u>		
7. AGE <u>75</u>	YEARS <u>9</u>	MONTHS <u>8</u>
		DAY <u>8</u>
		If LESS than 1 day, <u>          </u> hrs. or <u>          </u> min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Attorney-at Law</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>          </u> (c) Name of employer <u>          </u>		

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

(STATE OR COUNTRY) Tennessee

**10. NAME OF FATHER**

Timon Agee

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Tennessee

**12. MAIDEN NAME OF MOTHER**

Frances Walker

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Tennessee

**14.**

INFORMANT Frank Agee  
(Address) Osage Mo

**15.**

FILED 11-1 1929 Belle Haynes

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/9 1928, to Oct 26 1929, that I last saw him alive on Oct 26 1929, and that death occurred, on the date stated above, at 7 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

**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) J Lue Glover, M. D.

, 19            (Address) Englewood Mo.

\*State the DISEASE CAUSING DEATH, or if 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**

**DATE OF BURIAL**

Linn. Osage Co. Mo

Oct 28 1929

**20. UNDERTAKER**

**ADDRESS**

W A Phillips

Eldon Mo.

K. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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