

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

Do not use this space.

**7518-7534**

**1. PLACE OF DEATH**

County Worth  
Township Union  
City Sheridan

Registration District No. 904  
Primary Registration District No. 4546

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Agnes H. Freemyer  
(a) Residence No. Sheridan Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

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

Widowed

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

Agnes Lynn Freemyer  
Widowed

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Dec. 19 - 1858

**7. AGE**

YEARS 76

MONTHS 2

DAYS 8

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Retired Farmer

(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)

Ind.

**10. NAME OF FATHER**

Charley Freemyer

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

(STATE OR COUNTRY)

Ind.

**12. MAIDEN NAME OF MOTHER**

Mitchell

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

(STATE OR COUNTRY)

Ind.

**14.**

INFORMANT  
(Address)

R. R. Beezley  
Sheridan, Mo.

**15.**

FILED

Feb 28 1930  
J. E. Johnson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Feb 25 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from Feb 17, 1930, to Feb 25, 1930, that I last saw deceased alive on Feb 25, 1930, and that death occurred, on the date stated above, at 11:15 P. m.

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

Lobar Pneumonia

108

**CONTRIBUTORY (SECONDARY)**

101W

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

(DID AN OPERATION PRECEDE DEATH? no DATE OF ✓)

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

Physical Signs

(Signed) J. E. Johnson, M. D.

, 19 30 (Address) Sheridan 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**

**DATE OF BURIAL**

Isadora Cemetery

Feb 27 1930

**20. UNDERTAKER**

**ADDRESS**

Long & Boyd, Sheridan Mo

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.

