

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

Do not use this space.

9440

1. PLACE OF DEATH

County Macon

Registration District No. 532

Township Lafayette

Primary Registration District No. 4818

City Lafayette

(No. St. Ward)

2. FULL NAME

Allen M. 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

M

4. COLOR OR RACE

W

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

Married

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

America Agee

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

Dec 3 1846

7. AGE

YEARS

MONTHS

DAYS

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

83

3

21

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)

Missouri

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Don't Know

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Don't Know

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

J. H. Bonham
3000 N. 1st St. St. Louis Mo

15.

FILED

3/26 1930

C. H. Burkney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1930, to Mar. 24, 1930. that I last saw him alive on Mar. 24, 1930, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver.

1740

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. H. Burkney, M. D.

3/26, 1930 (Address) Lafayette

*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

Lafayette Cemetery Mar 26 1930

20. UNDERTAKER

ADDRESS

D. S. Christie Lafayette Mo

