

NOV 25 1930

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

Do not use this space.

33317

1. PLACE OF DEATH

County Jefferson
Township Spokane
City Jefferson

Registration District No. 416

Primary Registration District No. 3202

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Clarence H. Aggus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
50 3 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mine
(b) General nature of industry, business, or establishment in which employed (or employer) Retiree
(c) Name of employer Jefferson Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo.

10. NAME OF FATHER Mason Aggus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No record

12. MAIDEN NAME OF MOTHER Mary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT Mrs. Corinne Williams
(Address) _____

15. FILED 1700 19 30 W. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1930, to Oct 28 1930, that I last saw him alive on Oct 28 1930, and that death occurred, on the date stated above, at 7:55 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis

CONTRIBUTORY (SECONDARY) 129W

18. WHERE WAS DISEASE CONTRACTED 131

IF NOT AT PLACE OF DEATH. _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Reef E. Myers M. D.

1530 19 30 (Address) Jefferson 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 Forest Park

DATE OF BURIAL 10-30 1930

20. UNDERTAKER Mulbert and B. J. J. J.

ADDRESS _____

