

APR 20 1931

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

Do not use this space.

8673

## 1. PLACE OF DEATH

County CandrewRegistration District No. 13

Township

Primary Registration District No. 4070City Savannah(No. Dr. Nichols Sanatorium) St. \_\_\_\_\_ Ward)File No. 27Registered No. 27

## 2. FULL NAME

(a) Residence No. James Monroe Agnew St. \_\_\_\_\_ Ward. Paducah Ky.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

male

## 4. COLOR OR RACE

white

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

married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Mamie Agnew  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13 1870

## 7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>3</u>	<u>16</u>	

## 8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) 15

(c) Name of employer Woods Construction Co.

9. BIRTHPLACE (CITY OR TOWN) Paducah(STATE OR COUNTRY) Kentucky10. NAME OF FATHER James Agnew11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown(STATE OR COUNTRY) unknown12. MAIDEN NAME OF MOTHER Sarah Adkins13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown(STATE OR COUNTRY) unknown14. INFORMANT Mrs. Manning Agnew(Address) Paducah, Kentucky15. FILED McJr 31 1931 CO Jyffris

REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29-1931

17. I HEREBY CERTIFY, That I attended deceased on 3-2-1931, to 3-29-1931, 1931, that I last saw h. alive on 3-29-1931, and that death occurred, on the date stated above, at 5:56 P. m.

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

Cerebral Hemorrhage with Hemiplegia left side

18. CONTRIBUTORY (SECONDARY) Erysipelas face & scalp (duration) yrs. mos. ds.

(duration) yrs. mos. ds. 4

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OFWAS THERE AN AUTOPSY? NOWHAT TEST CONFIRMED DIAGNOSIS Physicial findings(Signed) W. Willard G. Stephens, M. D.3-29-1931 (Address) Savannah 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

Paducah Kentucky

## DATE OF BURIAL

April 1 1931

## 20. UNDERTAKER

Frank A Bowman

## ADDRESS

Savannah 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.

