

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.

NOV 24 1931

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

Do not use this space.

34215

1. PLACE OF DEATH

County Greene

Registration District No. 323

Township Murray

Primary Registration District No. 5448

City Mrs. Martha F. Agee (No. 323)

File No. \_\_\_\_\_

Registered No. 8

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. R. 6. Springfield 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

|                                                                                   |                                  |                                                                             |
|-----------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| 3. SEX<br><u>Female</u>                                                           | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF (OR) WIFE OF <u>A. J. Agee</u> |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 24 - 1866</u>                     |                                  |                                                                             |
| 7. AGE<br><u>65</u>                                                               | YEARS<br><u>65</u>               | MONTHS<br><u>8</u>                                                          |
| 10. Date deceased last worked at this occupation (month and year) _____           |                                  | 11. Total time (years) spent in this occupation _____                       |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Greene Co. Missouri  
(STATE OR COUNTRY)

13. NAME B-7 Watson

14. BIRTHPLACE (CITY OR TOWN) Missouri Co. Tenn  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary V. Bryant

16. BIRTHPLACE (CITY OR TOWN) Greene Co. Mo.  
(STATE OR COUNTRY)

17. INFORMANT Miss Ethel Holliday  
(ADDRESS) R. 6. Springfield

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wesleys Cemetery DATE \_\_\_\_\_

19. UNDERTAKER Greenwald Funeral Home  
(ADDRESS) Willard

20. FILED 10-3- 1931 E. M. Greenwald  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931, to Oct 2 1931.  
I last saw him alive on 10/2 1931. Death is said to have occurred on the date stated above at 10:30 P.M. (10:30 P.M.)  
The principal cause of death and related causes of importance were as follows:

apoplexy  
High Blood pressure

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify JA M. Daniels (Signed) \_\_\_\_\_ M. D.  
(Address) Willard Mo.

