

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

Do not use this space.

Dr. Meyer

1. PLACE OF DEATH
39 County Greene Registration District No. 318
Township Compell Primary Registration District No. 0440
City Springfield, Mo. Rt. 3 St. _____ Ward _____
2. FULL NAME Betty Jo Agee
(a) Residence, No. Rt. B 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.

File No. 8135
Registered No. 181

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1930
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 2 1 _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.
13. NAME James Agee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Mary Pierson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 2
17. INFORMANT (ADDRESS) Mrs. James Agee
18. BURIAL, CREMATION, OR REMOVAL Springfield, Mo.
PLACE Hagler DATE March 5, 1932
19. UNDERTAKER (ADDRESS) Dr. B. D. Meyer
20. FILED 3-11-1932 For Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 - 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 25 - 1932
I last saw him alive on 3-3-1932 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Encephalitis
78.3
Other contributory causes of importance: 18
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 _____
(Signed) B. D. Meyer M. D.
(Address) 2540 1/2 E. Comm. Springfield

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