

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

Do not use this space.

12528

File No. 1461
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson
Township Howe
City Kansas City (No. 4379)

Registration District No. 385
Primary Registration District No. 100
Name of District Harfield

2. FULL NAME

Wm Dow Agelesby
(a) Residence, No. Lyndon Hotel St. _____ Ward _____
(Usual place of abode) 3048 72nd
Length of residence in city or town where death occurred yrs. _____ mos. 4 ds. _____
(If nonresident, give city or town and State)
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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49. 2 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Ice Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 160

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) Moravia Ill

13. NAME David F. Agelesby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Mary Barber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co, Md

17. INFORMANT (ADDRESS) Mary L. Woodard
3634 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 4-8 19. 1932

19. UNDERTAKER (ADDRESS) Cylar Funeral Home
K. C. Mo.

20. FILED 4-6- 19 32 M. M. Brown
Regist.

MEDICAL CERTIFICATE OF DEATH Monday

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

accidental automobile Date of onset _____
trauma 75 C 16

210M 210 (9)

Other contributory causes of importance: 2.01
Car he was driving
turning over after
colliding with another

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) Mary L. Woodard, M. D.
(Address) 3634 Forest

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

