

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.

MAY 28 1932

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

Do not use this space.

14939

1. PLACE OF DEATH

County Saline
Township Grasshopper
City Malta Bend (No.)

Registration District No. 795
Primary Registration District No. 4476

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Wheatland mo. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Agee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-18-49

7. AGE YEARS 82 MONTHS 8 DAYS 8 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Peru (STATE OR COUNTRY) Ind

13. NAME John Hughes

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ind

15. MAIDEN NAME Mary Perce

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) John Agee

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheatland mo. DATE 4-3- 1932

19. UNDERTAKER (ADDRESS) Wheatland mo.

20. FILED 4-3- 1932 Malta Bend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6 1930 to April 2 1932

I last saw him alive on April 2 1932. Death is said to have occurred on the date stated above, at 10:50 a.m.

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

Mitral Stenosis Date of onset 1926
92A 92B 92C
Other contributory causes of importance: 1

Name of operation 6 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? 6 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? No
If so, specify

(Signed) A. P. Brown , M. D.
(Address) Malta Bend, Mo.

