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

Do not use this space.

15711

JUN 21 1932

1. PLACE OF DEATH

30 County _Dallas_

Township _3, Benton_

City _____ (No. _____ St. _____ Ward)

Registration District No. _____

Primary Registration District No. _2-41_
_5334_

File No. _____

Registered No. _634_

2. FULL NAME _Isaac Benton Agee_

(a) Residence, No. _____ St. _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

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 (OR) WIFE OF _Malinda Knowels_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _12-23-1858_

7. AGE YEARS _73_ MONTHS _4_ DAYS _26_ IF LESS than 1 day, _____ hrs. or _____ min.

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

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) _Mo._ 1

13. NAME _W. D. Agee_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Unknown_ 31

15. MAIDEN NAME _Unknown_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Unknown_

17. INFORMANT _Walter Agee_ (ADDRESS) _Red Top, Mo._

18. BURIAL, CREMATION, OR REMOVAL PLACE _Fuller Cem._ DATE _5-19_ 19_32_

19. UNDERTAKER _S. B. Jones_ (ADDRESS) _Buffalo Mo_

20. FILED _6/10_ 19_32_ _Nancy Wood_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _5-18_ 19_32_

22. I HEREBY CERTIFY, That I attended deceased from _I saw deceased but one time_

I last saw h___ alive on _5-17_ 19_32_ Death is said to have occurred on the date stated above, at _2:30_ _____ m.

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

Do not know cause of death, he was practically moribund when I saw him

Date of onset _____

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 _____

(Signed) _V. H. Greenwood_, M. D.

(Address) _Buffalo Mo._