

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.

Oct 26 1932

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

Do not use this space.

29646

1. PLACE OF DEATH
53 County Laclede Registration District No. 449
Township Lebanon Primary Registration District No. 4267
City Lebanon (No. St. Ward)

2. FULL NAME Inge Josephine 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24-1860

7. AGE YEARS 72 MONTHS 1 DAYS 6 IF LESS than 1 day, hrs. min.

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

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) Knappville (STATE OR COUNTRY) Mo

13. NAME John Winfield

14. BIRTHPLACE (CITY OR TOWN) Lebanon (STATE OR COUNTRY) Mo

15. MAIDEN NAME Annie Billings

16. BIRTHPLACE (CITY OR TOWN) Lebanon (STATE OR COUNTRY) Mo

17. INFORMANT Josephine Agee (ADDRESS) Lebanon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER Helmut H. Stierwald (ADDRESS) Lebanon, Mo

20. FILED Oct 1 1932 J. M. Billings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1932 to Sept 30, 1932
I last saw him alive on Sept 29, 1932. 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:
Acute cholecystitis Date of onset 1798
1277
Other contributory causes of importance

Name of operation none Date of
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. L. Benney M. D.
(Address) Lebanon, Mo

