

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

829

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Minnie Agle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 11-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Minister

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

church work

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.

FATHER

13. NAME

Claborn Watson Agle

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

W. Va.

MOTHER

15. MAIDEN NAME

Clauissa Harvill

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

Unknown

17. INFORMANT (ADDRESS)

Minnie Agle
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Jan 25, 1934

19. UNDERTAKER (ADDRESS)

J. W. Hughes & Co.
Springfield, Mo.

20. FILED

1-23, 1934

Ralph W. Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 23, 1934

22. I HEREBY CERTIFY That I attended deceased from

Jan 19, 1934, to Jan 22, 1934

I last saw him alive on Jan 22, 4:00 PM, 1934. Death is said

to have occurred on the date stated above, at 7:00 A.M.

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

Chronic Parenchymatous Nephritis

Date of onset

Other contributory causes of importance:

cerebral hemorrhage

Name of operation

Date of

What test confirmed diagnosis? Physical

Was there an autopsy? No

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)

(Address)

J. W. Hughes & Co.
304 N. Main St.
Springfield, Mo.

