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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No. 4057

Township — Primary Registration District No. — Registered No. 224

City St. Joseph (No. 921 North 13 street St. Ward)

2. FULL NAME Agnes Madora England

(a) Residence, No. 921 North 13 street St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Fred England

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24, 1883

7. AGE: YEARS 51 — MONTHS 1 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) St Joseph Missouri

FATHER

13. NAME Joseph W. Lorey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

MOTHER

15. MAIDEN NAME Dora Grazier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Missouri

17. INFORMANT Fred England
(ADDRESS) 921 No. 13 street St. Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery
PLACE St. Joseph Mo. DATE February 27, 1934

19. UNDERTAKER H. O. Sidenbaden
(ADDRESS) 1802 Union st St. Joseph Mo.

20. FILED 2-26 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-12-33, 19..., to 2-24-34, 19..

I last saw her alive on Feb 10, 1934. Death is said to have occurred on the date stated above, at 6 P m.

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

Carcinoma of uterus — Date of onset about 4-1-33

UK
465
[illegible]

Other contributory causes of importance: metastases to mesenteric and other glands

Name of operation — Date of

What test confirmed diagnosis? Clinical — 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) John J. Tucker, M. D.

(Address) St Joseph Mo