

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

Do not use this space.

1. PLACE OF DEATH

County Miller
Township Edwards
City Edwards (No.)

Registration District No. 561
Primary Registration District No. 3755

File No. 25542
Registered No. 53
St. Ward

2. FULL NAME

(a) Residence, (No.) 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Malinda</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 24 1858</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>5</u>	DAYS <u>12</u>
		If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Mo.</u>	
FATHER	13. NAME <u>Parsons Agee</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Ann Saylor</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
MOTHER	17. INFORMANT (ADDRESS) <u>Mr. Agee, Son</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spring Garden</u> DATE <u>July 18 1934</u>
	19. UNDERTAKER (ADDRESS) <u>Phillips Funeral Home</u> <u>Edwards</u>
	20. FILED <u>7-12-34</u> <u>Belle Haynes</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11, 1934
22. I, HEREBY CERTIFY, That I attended deceased from 7/7, 1934, to 7/11, 1934
I last saw h. alive on 7/7, 1934 Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

Sun Stroke
Date of onset 7/11/34
Other contributory causes of importance 191
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? No
If so, specify.....
(Signed) G. R. Allen, M. D.
(Address) Edwards Mo

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.

AUG 20 1934

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10-10-10