

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

Do not use this space.

JAN 19 1935

44070

1. PLACE OF BIRTH

County Putnam

Registration District No. 718

Township Union

Primary Registration District No. 6430

City Unionville (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Charles A. 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

Dora Agee

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

Nov. 9 - 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

85

1

4

OCCUPATION

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

Insurance agent

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

Writing and stamps insurance

10. Date deceased last worked at this occupation (month and year)

Jan. 33

11. Total time (years) spent in this occupation

15

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

Indiana

FATHER

13. NAME

John J. Agee

MOTHER

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

Indiana

15. MAIDEN NAME

Elizabeth Smith

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

Indiana

17. INFORMANT (ADDRESS)

Mrs. Dora Agee Unionville Ind

18. BURIAL, CREMATION, OR REMOVAL

PLACE Unionville

DATE Nov. 15, 1934

19. UNDERTAKER (ADDRESS)

Cornell & Co Unionville Ind

20. FILED

Dec 14 1934 77.10 Fullum Registrar

MEDICAL CERTIFICATE OF DEATH

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

Dec. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1 - 1933, to Dec 13 - 1934

I last saw him alive on Dec 12, 1934 Death is said

to have occurred on the date stated above, at 6:30 P. M.

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

Pneumonia (lobar)

Date of onset

About Dec 10, 1934

Other contributory causes of importance:

Bronchitis, and Chronic Bronchitis

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) E. G. Bensinger, M. D.

(Address) Unionville Ind

