

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.

APR 29 1934

11777

1. PLACE OF DEATH

County *Wright*Registration District No. *908*Township *Wm. Grove*Primary Registration District No. *6222*

City (No.)

St. Ward)

2. FULL NAME

Fred 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 *60* 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)

Single

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

Single

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

Sept. 28-1874

7. AGE

YEARS

MONTHS

DAYS

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

*60**6**2*

OCCUPATION

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

Manager of Pack

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

Goods

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)

Wright Co

13. NAME

John B. Agee

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

Wm. Grove

15. MAIDEN NAME

Hart

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

Wright Co

17. INFORMANT (ADDRESS)

L. J. Ellis, M.D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

3-24-1934

19. UNDERTAKER (ADDRESS)

Better Funeral Home, Des. Staff

20. FILED

*3-24-1935**Bernice Montgomery*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from

*1-21-1935 to 3-17-1935*I last saw him alive on *March 17, 1935* Death is saidto have occurred on the date stated above, at *4:10 P.M.*

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

Gonorrhea Pneumonia Date of onset *3-17-35*

Other contributory causes of importance:

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).....

(Address).....

M. D.

