

AUG 16 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20083

1. PLACE OF DEATH

County JasperRegistration District No. 408

File No. _____

Township UnionPrimary Registration District No. 3020

Registered No. _____

City Carthage(No. McCune-Brooks Hospital Ward)

2. FULL NAME

Emma Ora Agnew(a) Residence, No. 523 mound St. Carthage Mo
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</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>R. Walter Agnew</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 31, 1872</u>		
7. AGE <u>5</u>	YEARS <u>63</u>	MONTHS <u>2</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	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>Macon City Illinois</u>

13. NAME <u>Michael Maloney</u>

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Ireland</u>

15. MAIDEN NAME <u>Sarah Brooner</u>

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Macon City Illinois</u>

17. INFORMANT (ADDRESS) <u>R. Walter Agnew Carthage Mo.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>July 1, 1935</u>
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19. UNDERTAKER (ADDRESS) <u>Elmer Drake Carthage Mo.</u>

20. FILED <u>July 1, 1935</u> <u>R. B. G. Linton</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 193522. I HEREBY CERTIFY, That I attended deceased from 6/24, 1935, to 6/29, 1935I last saw her alive on 6/29, 1935 Death is saidto have occurred on the date stated above, at 9:45 P. am.

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

Carcinoma Caecum Date of onset 1934
acute obstruction of bowel June 1935

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) A. A. LaFarge M. D.(Address) Carthage 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.

