

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.

DEC 19 1935

36520

1. PLACE OF BIRTH

County LacledeRegistration District No. 449Township LebanonPrimary Registration District No. 4267City Lebanon (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Kenneth Max Agan

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 19357. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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 occupation12. BIRTHPLACE (CITY OR TOWN) Lebanon (STATE OR COUNTRY) Mo13. NAME Lacey Agan14. BIRTHPLACE (CITY OR TOWN) Lawa (STATE OR COUNTRY)15. MAIDEN NAME Velma Handson16. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTRY)17. INFORMANT Lacey Agan (ADDRESS) Lebanon18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon DATE 11-24 193519. UNDERTAKER Holmes & Stewart (ADDRESS) Lebanon20. FILED 11-24 1935 Jane Comb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 193522. I HEREBY CERTIFY, That I attended deceased from 11/18 1935, to 11/23 1935I last saw him alive on 11/23 about 9 P 1935. Death is said to have occurred on the date stated above, at 9 P a.m.

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

Externa Malignant

Other contributory causes of importance:

Name of operation no Date of noWhat test confirmed diagnosis? Physic 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) J. L. Benneke M. D.(Address) Lebanon Mo

TO: DIRECTOR, FBI (100-442100) FROM: SAC, NEW YORK (100-100000) (P)
SUBJECT: [Illegible]

[The body of the document contains several paragraphs of text that are extremely faint and largely illegible due to the quality of the scan. The text appears to be a formal report or memorandum, possibly detailing an investigation or administrative matter. Some words like "BUREAU", "NEW YORK", and "CONFIDENTIAL" are faintly visible.]

100-100000