

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

Do not use this space.

41649

1. PLACE OF DEATH

County Jasper
Township Thurston
City Beaumont

Registration District No. H13
Primary Registration District No. 5559c

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 629 1/2 Main St., _____ Ward. Jasper
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 29 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25-

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 44

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pine Co
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) Thurston Ohio

13. NAME Wm L Agin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Lyster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Evelyn Agin
629 1/2 Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 11/16/36

19. UNDERTAKER (ADDRESS) Thurston Ohio
Jasper

20. FILED 11-20-1936 Harry A Weaver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to Nov 13, 1936

I last saw him alive on Nov 13, 1936. Death is said to have occurred on the date stated above, at 5:10 p.m.

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

Pulmonary Tuberculosis
Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? Roentgen 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) John E. Daughman, M. D.
(Address) Beaumont City, Mo

