

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.

FEB 15 1937

283

1. PLACE OF DEATH

County.. BUCHANAN

Registration District No. 85

Township WASHINGTON

Primary Registration District No. 1001

City ST. JOSEPH

(No. 2826 OAKLAND AVE.

File No.

Registered No. 82

St. Ward)

2. FULL NAME MRS. MARY JANE AGEE

(a) Residence, No. 2826 OAKLAND AVE.

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

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

WIDOW OF J. F. AGEE

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

NOVEMBER 16, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

70

2

6

OCCUPATION

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

HOUSEWIFE

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 occupation

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

ANDREW COUNTY, MO.

FATHER

13. NAME

J. J. MCDANIEL

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

SAVANNAH, MISSOURI

MOTHER

15. MAIDEN NAME

SERILDA YATES

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

ANDREW COUNTY, MO.

17. INFORMANT

(ADDRESS)

A. A. AGEE

2826 OAKLAND AVE.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

WHITESVILLE, MO.

DATE JANUARY 24, 1937

19. UNDERTAKER

(ADDRESS)

FLEEMAN & SON INC.

1946 COLHOUN

ST. JOSEPH, MO.

20. FILED

1-22

1937

J. J. Neesham

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936, to Jan. 22, 1937

I last saw her alive on Jan. 21, 1937 Death is said

to have occurred on the date stated above, at 3:30 A. M.

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

Cancer of stomach

Date of onset

Oct

2 yrs

Other contributory causes of importance

Name of operation No.

Date of

What test confirmed diagnosis? Co

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?

If so, specify

(Signed) Amos D. McPhail D. C. (DC)

(Address) 2208 Hinedeck Ave.

