MAY 27 1937

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

Do not use this space.

File No. 16807

Registered No. 8

1. PLACE OF DEATH
County Lawrence
Township Buck Prairie
City Logan (No. ..... St. ..... Ward)

Registration District No. 468
Primary Registration District No. 5629

2. FULL NAME Charles Lewis 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 35 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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Myra Miller Agan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1852

7. AGE: Years 84 | Months 11 | Days 20 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Evansville. (STATE OR COUNTRY) Indiana

FATHER
13. NAME Frank Lewis Agan
14. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Stalkup
16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

17. INFORMANT Mrs Asa Stark (ADDRESS) Marionville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marionville DATE Mar. 29 1937

19. UNDERTAKER Bradford Funeral Home (ADDRESS) Marionville Mo.

20. FILED May 6 1937 Laura O. Cammaden Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1937

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1937, to March 27, 1937
I last saw ~~him~~ alive on March 27, 1937. Death is said to have occurred on the date stated above, at 1200 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Endocarditis | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms 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) F. W. Lester, M. D.
(Address) Marionville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.