

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

Do not use this space.

JUN 16 1937

1. PLACE OF DEATH

County Barry
Township Monett
City Monett (No. 2)

Registration District No. 30

Primary Registration District No. 5040

File No. 19329

Registered No. 24

2. FULL NAME

Isla Albus Agan

(a) Residence, No. 1 St. Ward.

(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 <u>7</u>	4. COLOR OR RACE <u>W</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>Alfred Agan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1, 1872</u>		
7. AGE <u>62</u>	YEARS <u>65</u>	MONTHS <u>4</u>
	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co. Mo</u>		
13. NAME <u>David Marshall</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Elizabeth Mulkey</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monett Mo</u>		
17. INFORMANT (ADDRESS) <u>Alfred Agan</u> <u>Monett Mo</u>		
18. BURIAL, CREMATION OR REMOVAL <u>Forest Park Cemetery</u> DATE <u>May 4, 1937</u> <u>Monett Mo</u>		
19. UNDERTAKER (ADDRESS) <u>Callaway</u> <u>Monett Mo</u>		
20. FILED <u>5-4-</u> 1937 <u>W. M. West</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1937 to May 2, 1937

I last saw her alive on Jan. 4, 1937 Death is said to have occurred on the date stated above, at 10:30 P. M.

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

Date of onset Death

Other contributory causes of importance:
9301

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) H. F. Ferguson, M. D.
(Address) Monett, Mo.

1990

THE UNIVERSITY OF CHICAGO

7.