

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.

66 JUL 3 0 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Miller

Township

City Olean(No. 2)Registration District No. 561433²Primary Registration District No. 5-755File No. 24303Registered No. 36

St.

Ward

2. FULL NAME Lemuel Francis Agee(a) Residence, No. Olean, Mo.

(Usual place of abode)

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

Male

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24th, 1856

7. AGE

81

YEARS

MONTHS

4

DAYS

15

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

Retired 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) (STATE OR COUNTRY)

Missouri

13. NAME

Tillman A. Agee

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

Tenn.

15. MAIDEN NAME

Fannie Etter

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

Tenn.

17. INFORMANT (ADDRESS)

L.S. AgeeEnon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenridge Cem. DATE June 11th, 1937

19. UNDERTAKER (ADDRESS)

G.N. SteffensRussellville, Mo.

20. FILED

June 11, 1937Belle Haynes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from

June 5, 1937, to June 9, 1937I last saw him alive on June 5, 1937. Death is saidto have occurred on the date stated above, at 3- P.M.

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

Senility

Date of onset

?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Chlorine 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

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)

(Address)

M. D.

REGISTRATION

RECORDS OF THE VICTIMS

of the

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