

SEP 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gentry
Township Albany
City Albany (No. 1)

Registration District No. 309
Primary Registration District No. 4185

File No. 30644
Registered No. 44
St. Mo. Ward 4

2. FULL NAME John W. Agee

(a) Residence, No. 1 St. Mo. Ward 4
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1862

7. AGE YEARS 75 MONTHS 7 DAYS 0 If LESS than 1 day,hrs. ormin.

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

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 Co Mo

13. NAME Ev. Agee

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

15. MAIDEN NAME Popperell

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

17. INFORMANT Chas. F. Fyfe (ADDRESS) Centerville Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE Aug 18 1937

19. UNDERTAKER Brooks Funeral Home (ADDRESS) Albany Mo.

20. Aug 19 1937 W. T. Martin Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to 8-16, 1937
Last saw him alive on 8-16, 1937 Death is said to have occurred on the date stated above, at 4:40 a.m.

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

Cerebral Hemorrhage Date of onset 6-13-37

Other contributory causes of importance: arterial Hypertension 6 yrs +

Name of operation none Date of none
What test confirmed diagnosis? U. S. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 1937
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Frank H. Rose, M. D.
(Signed) Frank H. Rose (Address) Albany, Mo.

