

REC'D MAR 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Wright
Township Frank
City Hartsville (No. _____)

Registration District No. 906
Primary Registration District No. 4247

File No. 16153
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Cynthia Izalla Agee 200

(a) Residence, No. _____, 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 F 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 W. H. Agee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 24

8. Trade, profession, or particular kind of work done, as spinner, 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) Mo

13. NAME Pete Frank

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

15. MAIDEN NAME Mary Nunn

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

17. INFORMANT (ADDRESS) W. H. Agee Hartsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hartsville DATE Feb 11 1938

19. UNDERTAKER (ADDRESS) Gene Helcher Hartsville Mo

20. FILED April 4/1938 Carlynn Elias Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1936 to Feb 10 1938

I last saw her alive on Feb 10 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Lobar Pneumonia
Bronchitis
Nephritis (chronic)

Date of onset Feb 5 1938

Other contributory causes of importance: 105'

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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? Yes If so, specify _____

(Signed) W. W. Orthey, 3rd
Hartsville Mo
833 (Address) _____

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.

