

DEPT SEP 16 1938

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

28457  
 Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
 (b) Township Beaumont Bluff Primary Registration District No. 5131 Registered No. 147  
 (c) City ..... (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Williams Agee

(a) Residence, No. Beaumont Bluff Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 Anna Agee  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1865  
 7. AGE YEARS 72 MONTHS 7 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as 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) Butler Co Mo

FATHER 13. NAME John A. Agee

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

MOTHER 15. MAIDEN NAME Judy Maccoms

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

17. INFORMANT (ADDRESS) John Agee  
Beaumont Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Head Cem. DATE Aug 9 1938

19. FUNERAL DIRECTOR (ADDRESS) N. D. Phelps  
Poplar Bluff Mo

20. FILED 8/10 1938 Chittinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from June - 1 1937 to Aug 7 1938  
 I last saw him alive on July 25 1938. Death is said to have occurred on the date stated above, at 6:30 AM.  
 The principal cause of death and related causes of importance were as follows:

Apoplexy - cerebral  
Remanence - Paralysis  
Left side  
Recurrent attack  
Hypertension Arteriosclerosis  
 Date of onset 1937  
July 1938  
1937

Other contributory causes of importance: None

Name of operation None Date of .....  
 What test confirmed diagnosis? clinical 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 None  
 (Signed) W. B. Brackner M. D.  
 (Address) Poplar Bluff Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, A. T. Phelps, Licensed Embalmer No. 3231

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed A. T. Phelps

Licensed Embalmer No. 3231

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**