

REC'D JAN 25 1938

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

43447
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 3 Registration District No. 417
 (b) Township JOPLIN Primary Registration District No. 3021 Registered No. 89
 (c) City Jeff City 1 (d) Street No. NORTH, MAIN ST. 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

(a) Residence, No. 251 John Agan St. W. Main 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) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1864
 7. AGE YEARS 74 MONTHS 4 DAYS 13 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common Labor
 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) Missouri 0

FATHER 13. NAME Mike Agan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME no data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

17. INFORMANT (ADDRESS) John Agan
Pathway Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cantonville Mo. DATE 12/6 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Feder + Wilson
W. Main St. Mo.

20. FILED DEC 6 38 1938 R. W. Chester Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
 I last saw dead alive on Dec 5, 1938 Death is said to have occurred on the date stated above, at 8 P m. 12/4/38
 The principal cause of death and related causes of importance were as follows:
Heart Attack Date of onset 12/4/38

Other contributory causes of importance: 15 W

Name of operation none Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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
 (Signed) R. W. Chester Registrar M. D.

(Address) Jasper, 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.

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STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

E. M. Hedge

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *E. M. Hedge*

Licensed Embalmer No. *2859*

P. O. Address *West City, Miss.*

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.)

If this body is not embalmed, above space should be left blank.