

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.

11 5 7
REC'D APR 11 1939

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

10137

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan

(b) Township Washington

(c) City St. Joseph

(e) Length of residence in city or town where death occurred

Registration District No. 85

Primary Registration District No. 1001

6528 Washington

Registered No. 295

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Boy Agee

(a) Residence, No. 6528 Washington

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

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

Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1939

7. AGE

YEARS

0

MONTHS

0

DAYS

0

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

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) St. Joseph
(STATE OR COUNTRY) Missouri

FATHER

13. NAME L. E. Agee

14. BIRTHPLACE (CITY OR TOWN) Leon

(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Ella Parker

16. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

17. INFORMANT L. E. Agee
(ADDRESS) 6528 Washington St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odd Fellows Cem. DATE Mar. 21, 1939

19. FUNERAL DIRECTOR (NAME) Clark Mortuary
(ADDRESS) 5025 King Hill Ave. St. Joseph, Mo.

20. FILED Mar 21 1939 A. J. Neill
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1939

22. I HEREBY CERTIFY That I attended deceased from
March 20, 1939, to March 20, 1939

I last saw him alive on March 20, 1939 Death is said
to have occurred on the date stated above, at 7 P. m.

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

Premature

Date of onset

Other contributory causes of importance:

Pew days less than
seven months gestation

Name of operation none Date of none
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? none Date of injury none, 1939
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 none
(Signed) Dr. Grant, M. D.
(Address) St. Joseph, Mo.

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, _____

_____, or by _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.