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.

REC'D SEP 20 1939

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

Do not use this space.

1. PLACE OF DEATH
County Chariton 21 2 1 Registration District No. 169
Township Bowling Green Primary Registration District No. 5236
City Dalton (No. ..... St. ..... Ward)

File No. 28858
Registered No. 30

2. FULL NAME Edith Agee
(a) Residence, No. ..... St., ... 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 Female
4. COLOR OR RACE Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Agee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8th 1861
7. AGE YEARS 78 MONTHS 4 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Howard County

FATHER
13. NAME Joe Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Georgia Burton Dalton Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dalton DATE Aug 9 1939
19. UNDERTAKER (ADDRESS) Hyde & Garnett Keytesville Mo. 158
20. FILED Aug 8 1939 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 23, 1939, to August 7th, 1939
I last saw her alive on July 26th, 1939. Death is said to have occurred on the date stated above, at 4:50 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterine Cervix
a Pelvic Metastasis

Date of onset

4 8

Other contributory causes of importance:

Name of operation Inoperable 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
(Signed) William T. Hyatt, M. D.
(Address) Brunswick Mo.