

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.

JAN 21 1937

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

Do not use this space.

44531

1. PLACE OF DEATH

County Henry
Township _____
City Windsor (No. _____)

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME Mrs. Fannie 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James W. Agee</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 31, 1870</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>10</u>	<u>18</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>			
	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) Salem
(STATE OR COUNTRY) Iowa

FATHER	13. NAME <u>John Maris</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>II</u>
	15. MAIDEN NAME <u>II</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>II</u> (STATE OR COUNTRY) <u>II</u>

17. INFORMANT Miss Mildred Agee
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE Dec. 20 1936

19. UNDERTAKER Huston Turner
(ADDRESS) Windsor, Missouri

20. FILED Dec 20 1936
[Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1936, to Dec. 19, 1936
I last saw her alive on Dec. 18, 1936. Death is said to have occurred on the date stated above, at 5:30 A. M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Date of onset Dec. 15, 1936

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) [Signature], M. D.
(Address) Windsor, Missouri

