

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

Do not use this space.

5855

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. Linwood & Wyandotte)

Registration District No. 300  
Primary Registration District No. 1000

File No. \_\_\_\_\_  
Registered No. 9209  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Elizabeth May Agin

(a) Residence No. 2324 Oakley St. 14 Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Faran L. Agin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 18, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56 1 7

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work At Home 295  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

10. NAME OF FATHER Peter High

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Elizabeth Moylar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Faran L. Agin  
(Address) 2324 Oakley

15. FILED 2/27/31 M. M. Crowe REGISTRAR  
Asor

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25, 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary Sclerosis  
9/4/13  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 9/4/13  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Stanley M. Hall M. D.  
7/25 .19 31 (Address) Jeffery Crowe

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL (DATE OF BURIAL) Feb 28 1931  
Mar 23 1931  
Linneus, Missouri

20. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons, Inc. City \_\_\_\_\_

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.

THIS IS A PERMANENT RECORD

