

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

Do not use this space.

42954

1. PLACE OF DEATH

County Texas Registration District No. 1171
 Township Jackson Primary Registration District No. 6145
 City Raymondville (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 50 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 <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Agee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13, 1885</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>9</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hotel proprietor</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) <u>Dec 1932</u>		11. Total time (years) spent in this occupation <u>10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Deer Co. Mo. 1</u>		
13. NAME <u>Joseph Agee</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenn. 2</u>		
15. MAIDEN NAME <u>Mary Cox</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenn.</u>		
17. INFORMANT <u>Arthur Agee</u> (ADDRESS) <u>Raymondville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Allen Cemetery</u> DATE <u>Dec 20, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Hayford V. Elliott</u> <u>Houston, Texas</u>		
20. FILED <u>Dec 14th</u> 19 <u>32</u> <u>Mrs. Harbison</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932, to Dec 18, 1932
 I last saw him alive on Dec 17, 1932 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:
Acute Indigestion Date of onset
94 A
118 C
 Other contributory causes of importance:
Angina Pectoris (1)

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) Wm. Harrison _____ M. D.
 (Address) Houston, Tex

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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