APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 9531
Township Kaw — Primary Registration District No. 1002 — Registered No. 1248
City K.C. Mo (No. 1405 E 13th St St. Ward)

2. FULL NAME Cecil Agee
(a) Residence, No. 1405 E 13th St. 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 M
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15. 1911.
7. AGE YEARS 25 MONTHS 9 mo DAYS 23 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
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) Slater Mo

FATHER
13. NAME Homer Agee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalton Mo.

MOTHER
15. MAIDEN NAME Lucy Washington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slater Mo.

17. INFORMANT (ADDRESS) Lucy Williams 1405 E. 13th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln DATE 3-13-1937
19. UNDERTAKER (ADDRESS) Sawyer Cusp & Irving 1119 E. 18th St.
20. FILED Mch 12 1937 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/37, 19
22. HEREBY CERTIFY: That I attended deceased from ....., 19...., to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above at 3 30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic pulmonary infarctions
Pulmonary hemorrhage
Date of onset
Other contributory causes of importance: 23
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) KCW

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

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.

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