

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

18022

Do not use this space.

1. PLACE OF DEATH *2*
 (a) County *Boone* Registration District No. *71*
 (b) Township *Eldar* Primary Registration District No. *5112A* Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME *542* *Agnus Daniels*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
 4. COLOR OR RACE *White*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *A. P. Daniels*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 13 - 1860*
 7. AGE YEARS *78* MONTHS *11* DAYS *26* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) *Kentucky*

FATHER
 13. NAME *Joseph Hoffman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

MOTHER
 15. MAIDEN NAME *Mary Harrison*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT (ADDRESS) *Mrs. Ed. J. Burnham Ashland Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Liberty* DATE *May 11 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Ashland Mo*

20. FILED *June 5, 1939* *Frances Nichols* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 9 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *May 1*, 19*39*, to *May 9*, 19*39*
 I last saw him alive on *May 8*, 19*39* Death is said to have occurred on the date stated above, at *3:00 pm*.
 The principal cause of death and related causes of importance were as follows:

Acute myocardial infarction
g.d.b.
 Date of onset _____
 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? *No*
 If so, specify _____
 (Signed) *H. B. Proyer*, M. D.
 (Address) *Ashland Mo*

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.

1 X18603

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Wm L Burnett....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Wm L Burnett*.....

Licensed Embalmer No. *3564*.....

P. O. Address *Ashland Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.