

Samuel Lester Agnew  
 DOD--July 19, 1951 6:10 p.m.  
 DOB--April 12, 1888 Age--63  
 Engineer Civil Missouri

Allen Agnew, Ill.  
 Mattie Pipkin, Mo.  
 253-12-6412 Dorothy Agnew  
 POD--Sonoma rural 1 week  
 Sonoma Valley Community Hos-  
 pital, Sonoma, Calif.  
 Fetters Ave., Sunset Way, Boyes  
 Springs, Calif.

Myocardial Failure 2 days  
 Cerebral Embolism 7 days  
 Chronic myocarditis & decom-  
 pression from coronary in-  
 farction & pulmonary in-  
 farction 6 mo.

REGISTRATION DISTRICT		DECEASED'S NUMBER		CERTIFICATE OF DEATH		STATE FILE NO.	
1. NAME OF DECEASED (FIRST NAME TO BE GIVEN NAME)		2. DATE OF DEATH		3. LAST NAME		4. MONTH	
Samuel Lester		July 19, 1951		AGNEW		61108	
5. SEX		6. COLOR OF HAIR		7. DATE OF BIRTH		8. AGE AT DEATH	
Male		White		April 12, 1888		63	
9. OCCUPATION (LAST ONE)		10. MARRIAGE STATUS		11. US CITIZENSHIP		12. US CITIZENSHIP OF WHAT COUNTRY	
Engineer		Married		Naturalized Citizen		USA	
13. NAME AND BIRTHPLACE OF FATHER		14. MAIDEN NAME AND BIRTHPLACE OF MOTHER		15. NAME OF MOTHER (if deceased)		16. MOTHER'S BIRTHPLACE	
Allen Agnew, Ill.		Mattie Pipkin, Mo.		Dorothy B. Agnew		Ill.	
17A. PLACE OF DEATH (CITY OR TOWN)		17B. LENGTH OF STAY IN THIS PLACE		18. COUNTY		19. STATE	
Sonoma rural		1 week		Sonoma		California	
20. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION		21. STREET ADDRESS OF DEATH (if different from 20)		22. CITY OR TOWN		23. COUNTY	
Sonoma Valley Community Hospital, Sonoma, Calif.		Fetters Ave. Sunset Way		Boyes Springs		Sonoma	
24. THIS DEED NOT BEAR THE MARK OF THIS DEPARTMENT		25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		26. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		27. CAUSE OF DEATH (LIST FOR USE FOR 12, 13, AND 14)	
		Myocardial Failure		2 days		2 days	
28. ANTECEDENT CAUSES		29. OTHER SIGNIFICANT CONDITIONS		30. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		31. CAUSE OF DEATH (LIST FOR USE FOR 12, 13, AND 14)	
Cerebral Embolism; Chronic Myocarditis; Decompression from Coronary infarction & pulmonary infarction		Chronic Myocarditis & decompression from coronary infarction & pulmonary infarction		6 mo.		6 mo.	
32. DATE OF OPERATION		33. MAJOR FINDINGS OF OPERATION		34. AUTOPSY		35. THIS DEED NOT BEAR THE MARK OF THIS DEPARTMENT	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
36. ACCOUNT SUICIDE HOMICIDE		37. PLACE OF INJURY (CITY OR TOWN)		38. CITY OR TOWN		39. COUNTY	
40. TIME OF INJURY		41. INJURY OCCURRED		42. HOW DID INJURY OCCUR?		43. INVESTIGATION ON THE DEATH OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE	
		<input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK				July 19, 1951	
44. SIGNATURE		45. ADDRESS		46. DATE SIGNED		47. SIGNATURE OF REGISTRAR	
Michael M. Nikita, MD		Boyes Springs, Calif.		7/20/51		Dorothy B. Agnew	
48. FUNERAL DIRECTOR AND REGISTRAR		49. DATE		50. CEMETERY OR CREMATORY		51. SIGNATURE OF REGISTRAR	
Dorothy B. Agnew		7/21/51		Chapel of the Chimes Santa Rosa		Dorothy B. Agnew	
52. DATE RECEIVED BY LOCAL REGISTRAR		53. SIGNATURE OF LOCAL REGISTRAR		54. SIGNATURE OF LOCAL REGISTRAR		55. COUNTY	
July 20, 1951		D. Westphal, MD		D. Westphal, MD		Sonoma	