

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	
49001		49001		51-059230		CALIFORNIA	
DECEASED PERSONAL DATA (TYPE OR PRINT NAME)	1. NAME OF DECEASED (FIRST NAME TO SUFFIX NAME)	2. SEX	3. RACE	4. MARRIAGE STATUS	5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH (MONTH DAY YEAR)
	Samuel	Male	White	Married	April 12, 1888	Missouri	July 19, 1951
DECEASED PERSONAL DATA (TYPE OR PRINT NAME)	8. OCCUPATION (INDUSTRY AND TRADE)	9. KIND OF BUSINESS OR INDUSTRY	10. MAIDEN NAME AND BIRTHPLACE OF MOTHER	11. NAME OF MOTHER (IF DECEASED)	12. COUNTY	13. STATE	14. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Engineer	Civil	Mattie Pipkin, Missouri	Mrs. Dorothy Agnew	Sonoma	California	2 days
DECEASED PERSONAL DATA (TYPE OR PRINT NAME)	15. NAME AND BIRTHPLACE OF FATHER	16. SOCIAL SECURITY NUMBER	17. PLACE OF DEATH (CITY OR TOWN AND COUNTY AND STATE)	18. LENGTH OF STAY IN THIS PLACE	19. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION	20. STREET ADDRESS OF HOME AND CITY AND STATE	21. CITY AND COUNTY AND STATE OF DEATH
	Allen Agnew, Ill.	no	Sonoma rural	1 week	Sonoma Valley Community Hospital, Sonoma, Calif.	Fetters Ave. Sunset Way Boyes Springs	Boyes Springs
DECEASED PERSONAL DATA (TYPE OR PRINT NAME)	22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	23. ANTECEDENT CAUSES	24. OTHER SIGNIFICANT CONDITIONS	25. DATE OF OPERATION	26. MAJOR FINDINGS OF OPERATION	27. PLACE OF INJURY (CITY AND COUNTY AND STATE)	28. TIME OF INJURY
	Myocardial Failure	Cerebral Embolism; Chronic Myocarditis from Coronary infarction & pulmonary infarction	infarction & pulmonary infarction			Boyes Springs, Calif.	
DECEASED PERSONAL DATA (TYPE OR PRINT NAME)	29. TIME OF DEATH	30. SIGNATURE	31. ADDRESS	32. DATE SIGNED	33. FUNERAL DIRECTOR AND REGISTRAR	34. CEMETERY OR CREMATORY	35. SIGNATURE OF FUNERAL DIRECTOR
	6:10 p.m.	Michael M. Nikita, M.D.	Boyes Springs, Calif.	7/20/51	Chapel of the Chimes Santa Rosa	Chapel of the Chimes Santa Rosa	Chapel of the Chimes Santa Rosa
DECEASED PERSONAL DATA (TYPE OR PRINT NAME)	36. DATE RECEIVED BY LOCAL REGISTRAR	37. SIGNATURE OF LOCAL REGISTRAR	38. LOCAL REGISTRAR	39. LOCAL REGISTRAR	40. LOCAL REGISTRAR	41. LOCAL REGISTRAR	42. LOCAL REGISTRAR
	July 20, 1951	R.D. Westphal, M.D.	Boyes Springs, Calif.	Boyes Springs, Calif.	Boyes Springs, Calif.	Boyes Springs, Calif.	Boyes Springs, Calif.