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

Do not use this space.

2761

**1. PLACE OF DEATH**

County ..... Registration District No. ..... 791 File No. 333

Township ..... Primary Registration District No. ..... Registered No. .....

City S Louis (No. City Hospital St. ..... Ward)

11331

**2. FULL NAME** Agnes Milward

(a) Residence. No. 2825 S Louis St., 20 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| female | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3 1888

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 2 | 4 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home 66E 75E

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) S Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm Milward

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Starr

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England
(STATE OR COUNTRY)

14. INFORMANT E Kirman
(Address) City Hospital

15. FILED JAN 10 1927 19 Max C Starkcoff REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1927

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1927, that I last saw her alive on June 7, 1927, and that death occurred, on the date stated above, at 1:08 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxic adenoma of Thyroid
cardiac decompensation
Benign

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible] M. D.

1/7, 1927 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Calvary | 1-11 1927 |
| 20. UNDERTAKER | ADDRESS |
| Arthur J Donnelly | 2039 Warren |

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.

[illegible] IS A PERMANENT RECORD

Milwaukee