

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

Do not use this space.

8886  
1055

**1. PLACE OF DEATH**

County Jackson Registration District No. 899  
 Township Rainey Primary Registration District No. 1808  
 City Kansas City (No. St. Lukes Hospital St. \_\_\_\_\_ Ward)

**2. FULL NAME** Mrs. Alice May Milward

(a) Residence. No. 2828 Cherry St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7<sup>th</sup> 1928

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

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1928 to \_\_\_\_\_ 1928 that I last saw him alive on March 7<sup>th</sup> 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 3<sup>rd</sup> 1877

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
myocarditis ch.

7. AGE: YEARS 50 MONTHS 7 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED at home  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

CONTRIBUTORY Fracture Femur (SECONDARY)  
W. Antigenaphus (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
acc fall (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

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

10. NAME OF FATHER Henry Roy Jenkins

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Cerebrospinal, M. D.  
3/8 1928 (Address) 346 Oak St. Bldg

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Joy Adeline Milward (Address) 2828 Cherry St.

15. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 3/9/28

15. FILED 3/8 28 M. M. Cooney REGISTRAR

UNDERTAKER Freeman Matney ADDRESS \_\_\_\_\_

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.

To Milward Mercers

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