

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Maplewood

Registration District No. 786  
Primary Registration District No. 2469  
(No. 2311 Bellevue Av.)

File No. 11398  
Registered No. 33  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** Agnes Milby,

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Milby,</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1867-8-12</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>7</u>
	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 254

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

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Glasgow,  
(STATE OR COUNTRY) Scotland.

10. NAME OF FATHER Alexander Stewart,

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

12. MAIDEN NAME OF MOTHER Mary MacLean,

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

14. INFORMANT John W. Milby  
(Address) 2311 Bellevue Av.

15. FILED 3/23 1931 Mercedes Schuster  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 20, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1931, to Mar. 19, 1931, that I last saw h. oc alive on Mar. 19, 1931, and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Periculous anemia  
11 H  
78 A  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Influenza, Acute  
Bronchial (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) R. J. Murphy, M. D.  
3/20 1931 (Address) 7160 Manchester

\*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 St. Peters DATE OF BURIAL 3/23/ 19 31.

20. UNDERTAKER Robert Schubert, Inc. ADDRESS 6633 Clayton Road.

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.

APR 27 1931

