

MAY 29 1935

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

Do not use this space.

13228

49. PLACE OF DEATH
13 County Jefferson
4 Township Greenwood
City St. Louis (No. 1)
Registration District No. 409
Primary Registration District No. 4242
File No. 13228
Registered No. 5
St. St. Louis Ward 1
2. FULL NAME Morrison Wesley Agnew
(a) Residence, No. 1 St. St. Louis Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Agnew
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1877
7. AGE YEARS 57 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cashier
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) Ontario, Can.
13. NAME Robert A. Agnew
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Anna McQuish
16. BIRTHPLACE (CITY OR TOWN) Antaris, Can. (STATE OR COUNTRY) Ontario
17. INFORMANT Mrs. May Agnew (ADDRESS) St. Louis
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hope DATE 4/17
19. UNDERTAKER Anderson, R. L. (ADDRESS) St. Louis
20. FILED 4-17 1935 W. S. Addie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934 to April 15, 1935
Last saw him alive on April 15, 1935. Death is said to have occurred on the date stated above, at 7:12 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Date of onset 1931
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify Ray E. Myers, M. D.
(Signed) Ray E. Myers (Address) St. Louis, Mo.

