

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

Do not use this space.

**23382**

File No. \_\_\_\_\_  
Registered No. **190** \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

64 County Marion Registration District No. 547  
Township \_\_\_\_\_ Primary Registration District No. 3029  
1 City Hospital (No. 3305) St. Charles St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Annier Milton  
(a) Residence, No. 3305 St. Charles 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. D. Milton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-1858  
7. AGE YEARS 74 MONTHS 1 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hospital Mo.

13. NAME Schadler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No 31

15. MAIDEN NAME Date

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Miss Estelle Milton  
(ADDRESS) Osawatomie Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Thurside DATE July 6 1932

19. UNDERTAKER Wm. M. Smith  
(ADDRESS) Hospital Mo.

20. FILED July 5 1932 Colonsius  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1932  
22. I HEREBY CERTIFY, That I attended deceased from June 29 1932 to July 3 1932  
I last saw her alive on July 2 1932. Death is said to have occurred on the date stated above, at 3:45 a.m.  
The principal cause of death and related causes of importance were as follows:

apoplexy  
8-17-32  
J. J. W.  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset June 28/32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) P. J. Reichman M. D.  
(Address) Osawatomie Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 25 1932

