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.

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

Do not use this space.

26091

File No. 2986

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No.

Township KAW Primary Registration District No.

City KANSAS CITY (No. 4426, TRACY St. Ward)

2. FULL NAME MILTON OSCAR PAINTER

(a) Residence, No. 4426 TRACY St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-23-1840

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	91	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

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) 1897

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) FRANKFORT (STATE OR COUNTRY) KENTUCKY

FATHER

13. NAME UNKNOWN PAINTER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. JESSIE ALLEN (ADDRESS) 4426-TRACY AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE AUGUST-3, 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111-EAST-9TH ST

20. FILED 8/1, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/1-, 1932 to 8/1-, 1932

I last saw him alive on 7/30-, 1932 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 yrs
131	

Other contributory causes of importance:

old age. (1)

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

(Signed) D. W. Newcomer, M. D.

(Address) 3231-E 11 St

2. P.M