SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. St Marys Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 29593
Registered No. [illegible]

2. FULL NAME Mrs. Annie E. Milton
(a) Residence, No. 3619 Walnut 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: F
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: Ruben W. Milton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4, 1864

7. AGE: 72 YEARS 8 MONTHS 25 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Illinois

FATHER
13. NAME: George Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: Maggie M-rshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): R. W. Milton, 3619 Walnut, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Aug. 2-37 19

19. UNDERTAKER (ADDRESS): C.H.Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.

20. FILED Aug 2 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/29/37 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19, to 19
I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above at 10:30 P m.
The principal cause of death and related causes of importance were as follows:
Fracture of right femur
Pulmonary embolism
Date of onset

Other contributory causes of importance:
1862

Name of operation ..... Date of
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/1/37 19
Where did injury occur? 3619 Walnut K.C.Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Fell in the floor at home
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]

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.