

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

21070
Do not use this space.

REC'D JUL 10 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kear Primary Registration District No. 1002
 or Kansas City, Mo. Registered No. 2338
 (c) City Kansas City, Mo. (d) Street No. Children's Mercy Hospital St.
 (If death occurred in Hospital or Institution, write in name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ANNA MARGARET MILTON
 (a) Residence, No. _____ St. Excelsior Springs, Mo. R.R. A
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 30 - 1937</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>4</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty, Missouri</u>	
	13. NAME <u>Charles Milton</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waynes, Arkansas</u>	
	15. MAIDEN NAME <u>Mary Mc Miller</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platteburg, Missouri</u>		
17. INFORMANT (ADDRESS) <u>Mother - Excelsior Springs, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty, Mo.</u> DATE <u>6-7-1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. H. Archer Co. Liberty, Mo.</u>		
20. FILED <u>67</u> <u>1939</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 6 - 1939

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1939, to June 6, 1939
 I last saw her alive on June 6, 1939 Death is said to have occurred on the date stated above, at 9:37 pm.
 The principal cause of death and related causes of importance were as follows:

Lymphatic Leukemia
72 hr
 Other contributory causes of importance: terminal bronchitis pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy Yes

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) N. B. Anderson, M. D.
 (Address) 5017 Wyandotte

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.