

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

Do not use this space.

36927

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 538 Oline)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1576
St. _____ Ward _____

2. FULL NAME

Robert Lee Milton

(a) Residence. No. 538 Oline St. 9 Ward. _____

(Usual place of abode) _____ (If nonresident give city or town and State) _____
Length of residence in city or town where death occurred 25 yrs. mos. da. / How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>66</u>	<u>1</u>	<u>10</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Wash

(b) General nature of industry, business, or establishment in which employed (or employer) Py. Suph Terminal

(c) Name of employer later Freight Agent

59 yrs
Wash C. G. Co
3 yrs - mos. - da.
CONTRIBUTORY (SECONDARY) pneumonia
3 wks.

9. BIRTHPLACE (CITY OR TOWN) Winchester
(STATE OR COUNTRY) Virginia

10. NAME OF FATHER Frederick Richard Milton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Loudand Co.
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Annie Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Virginia

14. INFORMANT Sebastian Appington
(Address) 1240 Washington St

15. FILED 11/13 19 28 M. M. Brown
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

Monday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from May 12 1927, 19____, to Nov. 12 1928, 19____, that I last saw him alive on Nov. 12 1928, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Multiple Atherosclerosis

(duration) 3 yrs. - mos. - da.

(duration) 3 wks.

18. WHERE WAS DISEASE CONTRACTED 84 a
IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. _____

(Signed) D. S. Kennard M.D.
Nov. 19 28 (Address) 135 Cypress

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Moreah DATE OF BURIAL " 14 19 28"

20. URBERTAKER Explos Funerary Home ADDRESS 1800 Linn

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.

