

NOV 28 1936

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

Do not use this space.

37975

1. PLACE OF DEATH

County JacksonRegistration District No. 400Township Blue RidgePrimary Registration District No. 5593BCity Blue Ridge (No. Jackson Co. Home)

File No. _____

Registered No. 265

St. _____ Ward _____

2. FULL NAME James Milton

(a) Residence No. _____ 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18967. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. abt 408. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

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) Mo.13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Carolyn16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Lorena Milton
1138 E. 4th18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 10-17-193619. UNDERTAKER (ADDRESS) Adkins Bros.
2000 E. 12th20. FILED Oct 16 1936 William J. Fields
Registrar.MEDICAL CERTIFICATE OF DEATH 3:10 Pm21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3-36 193622. I HEREBY CERTIFY, That I attended deceased from Sept 15 - 1936 to Oct 3 - 1936I last saw him alive on Oct 3 - 1936. Death is saidto have occurred on the date stated above, 3:10 P.m.

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

Ch. Parenchymatous
nephritis

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis Phys. Ex. & X-ray Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1936Where 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) L. W. Booker, M. D.
(Address) 2028. Vine St.

Date of onset

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

