

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

Do not use this space.

13466

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. Wheatley Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 100

File No. 1799
Registered No. 1799

2. FULL NAME

Ida Robinson
(a) Residence. No. 1713 Kansas St. Ave. Ward W
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. 11 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | Col. | Married

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

Percy Robinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct. 28, 1892

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, ___ hrs. or ___ min.

35

5

19

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

House wife at home

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

PARENTS

10. NAME OF FATHER

Wesley Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Alice Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

14.

INFORMANT

(Address)

Percy Robinson
1713 Kansas Ave.

15.

FILED

4/21, 28 M M Crowe
act REGISTRAR

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

April 17 1928

17.

I HEREBY CERTIFY, That I attended deceased from 4-11-1928, to 4-17-1928, and that I last saw him alive on 4-17-1928, and that death occurred, on the date stated above, at 10:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction

CONTRIBUTORY (SECONDARY)

Adhesions
(duration) yrs. 11 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

unknown

DID AN OPERATION PRECEDE DEATH. yes DATE OF 4-17-28

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. D. Haugh, M. D.

4/18, 1928 (Address) 2500 E 18

*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

DATE OF BURIAL

Highland 4-21-1928

20. UNDERTAKER

ADDRESS

Adkins Bros. 2122 Vine

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.

18th & Park St.