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

Do not use this space.

36892

File No. 451

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.:

Township: Ward — Primary Registration District No.:

City: K. C. Mo. (No. St. Ward) St. Marys Hosp

2. FULL NAME: Elsie Lucile Robb

(a) Residence. No. 1304 Indiana St., 12 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 27 - 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
13	yrs.	6	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: School-girl

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Pawnee Station
(STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: Jo Robb

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Neal Kansas
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Mae Simmons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Kansas

14. INFORMANT: Mr. James Robb
(Address): 1304 Indiana

15. FILED 11-10 1928 M McCrowl
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-8 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1928, to Nov. 8, 1928, that I last saw he alive on Nov 8, 1928, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Staphylococcic Pyaemia
154
Zylo
(duration) yrs. mos. 7-10 ds.

CONTRIBUTORY (SECONDARY) Osteomyelitis left
Cultus (duration) yrs. mos. 7 wks 2 days

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes. DATE OF Nov 6/28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation + Blood Culture

(Signed) D Dorsey, M. D

11/9, 1928 (Address) 821 Argyle Bldg

*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: Forest Hill Cem — DATE OF BURIAL: Nov. 10 1928

20. UNDERTAKER: A. P. Doehler — ADDRESS: 1415 E 15

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.