

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

Do not use this space.

10583

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1007

City Kansas City

(No. Trinity Lutheran Hospital)

File No. _____

Registered No. 1185

St. _____ Ward _____

2. FULL NAME Laura Purcell Robertson

(a) Residence. No. 3226 Campbell St. 6 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. Selden Robertson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jany. 31, 1859</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>1</u>	DAYS <u>16</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

PARENTS	10. NAME OF FATHER <u>Samuel T. Purcell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Tennessee</u>
	12. MAIDEN NAME OF MOTHER <u>Comellia Ford</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>

14. INFORMANT L. Level Robertson
(Address) 3212 Campbell St.

15. FILED 3/4, 1929 M. M. Kowal
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1929 to Mar 3, 1929 that I last saw her alive on Mar 3, 1929 and that death occurred, on the date stated above, at _____ A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pyelonephritis
(no infecting organism determined)
1822A
12:00 (duration) _____ yrs. _____ mos. 8 ds.
CONTRIBUTORY (SECONDARY) (Renal calculus in past) (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED THE DIAGNOSIS _____
(Signed) [Signature], M. D.
3/4, 1929 (Address) 718 North Blvd. N. E. 27

*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 Pantheon DATE OF BURIAL 3-5 1929

20. UNDERTAKER Shine & McClure ADDRESS 3235 Hill View
Flaga.

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.

WHILE IN SERVICE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

235
2
2
2

5319 Oak