

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

Do not use this space.

27918  
3611

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Frank Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. K.C. General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Oscar Robertson  
(a) Residence. No. 3334 Prospect St., 13 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 4 yrs. mos. ds. / How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 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) July 8-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
66 | 1 | 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Farmer  
(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) Mo

10. NAME OF FATHER Morgan Robertson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Miss Terlin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ky

14. INFORMANT Reverend Clerk (Address) K.C. Gene Hosp

15. FILED 8-24-29 M. M. Cross REGISTRAR  
asat

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-23 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-19 1929 to 8-23 1929 that I last saw him alive on 8-23 1929 and that death occurred, on the date stated above, at 3:15 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Hemiplegia (duration) 97 yrs. mos. ds.  
97

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

1501 PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clin & Lab. Find  
(Signed) P. E. Williams M. D.  
8-23 1929 (Address) Gene Hosp K.C. Mo

\*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 Shelbina Mo. DATE OF BURIAL Aug. 25 1929

20. UNDERTAKER Ceylar Funeral Home ADDRESS K.C. Mo.

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

MARGIN RESERVED FOR BINDING

