

OCT 29 1930

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

30222  
Do not use this space.

30222

1. PLACE OF DEATH

County Jackson Registration District No. 404  
Township Washington Primary Registration District No. 33-9-8  
City Kansas City (No. 103d & Wornall Road St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 48

2. FULL NAME Mrs. Venia C. Robertson

(a) Residence. No. 103d & Wornall Road 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 3 28

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) Mo.

PARENTS  
10. NAME OF FATHER Wm. Chesshier  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Tenn.  
12. MAIDEN NAME OF MOTHER Susan Spencer  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ky

14. INFORMANT Noah Robertson (Address) 103 & Wornall Road

15. FILED 7-24 1930 R. V. Lindsey REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 19 30

17. I HEREBY CERTIFY, That I attended deceased from Sept 5 1930 to Sept 21 1930 that I last saw her alive on Sept 20 1930 and that death occurred, on the date stated above, at 7-15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cardiac Asthma

95 B  
192 B (duration) 35 yrs. mos. ds.  
CONTRIBUTORY Dropsy and Renal Asthma (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
Mo. (STATE OR COUNTRY)  
19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Report  
(Signed) Dr. J. S. Hall  
, 19 \_\_\_\_\_ (Address) 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 Excelsior Springs, Mo. DATE OF BURIAL 9-23-30  
Crown Hill, Cemetery 19  
20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS City

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.

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VITAL RECORDS—MISSOURI STATE BOARD OF HEALTH

