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

Do not use this space.

36274

1. PLACE OF DEATH
County Jackson — Registration District No. 395 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. Kansas City Gen Hosp Ward)

2. FULL NAME Harry Robinson
(a) Residence. No. 1302 Campbell 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7 - 1863

7. AGE: Years 67 | Months 8 | Days 9 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Utica
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) U.S.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) U.S.
(STATE OR COUNTRY)

14. INFORMANT Record Clerk
(Address) Kansas City Gen. Hosp.

15. FILED 11/18, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-16 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-9, 1930 to 11-16, 1930 that I last saw him alive on 11-16, 1930 and that death occurred, on the date stated above, at 4:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
131
107A
97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis + Chronic Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clin Find + Autopsy

1-17 (Signed) P. E. Williams, M. D
, 1930 (Address) Supt K.C. Gen. Hosp.

*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 Highland Park — DATE OF BURIAL 11/18 1930

20. UNDERTAKER J. F. O'Donnell Co — ADDRESS 3756 Bdwy

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.