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

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.

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

Do not use this space.

41058

File No. 5046
Registered No.

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City (No. 3922 Pennsylvania St. Ward)
Registration District No. 3 0 9
Primary Registration District No. 1 0 0 2

2. FULL NAME Mrs. Nancy Jane Robertson
(a) Residence, No. 3922 Pennsylvania Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1871

7. AGE: Years 60 | Months 8 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME William Milsap
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Frances Godsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Miss Helen Robertson
(ADDRESS) 3922 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chillicothe, Mo. DATE December 22, 1931

19. UNDERTAKER L. N. Newcomer's Sons
(ADDRESS) Kansas City, Missouri

20. FILED 12/21, 1931 M. M. Lemon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1931, to Dec. 21, 1931
I last saw her alive on Dec. 20, 1931. Death is said to have occurred on the date stated above, at 1:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	Dec. 1930
Angina pectoris	Dec 8, 1931
131	
944	
326	

Other contributory causes of importance:

Chr Interstitial Nephritis	Dec 1930

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓
(Signed) John P. Lewis, M. D.
(Address) 3944 Indiana

3548 Indiana
2-5