

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

Do not use this space.

22875

2787

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kan Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. Kansas City General Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

(a) Residence, No. 715 W. 18<sup>th</sup> St., 3 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-19-31  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
1 64 27

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) Pittsburg ?  
Kenn.

MOTHER / FATHER  
 13. NAME Homer Robertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Thebma Mersing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenn.

17. INFORMANT Recard Blech  
(ADDRESS) K.C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE 7-18 1932

19. UNDERTAKER Jurk, John Co  
(ADDRESS) 20 W. Dunwood

20. FILED 7/16 1932 M. M. Crowe  
act. Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16- 19 32

22. I HEREBY CERTIFY, That I attended deceased from 7-15- 1932 to 7-16- 1932

I last saw her alive on 7-16- 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset \_\_\_\_\_  
9/107A9  
 Other contributory causes of importance: Whooping Cough ①

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) P. E. Williams M. D.  
 (Address) Dep. K.C. Gen. Hosp.

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.

