

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

Do not use this space.

5855

808

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. St. Luke's Hospital) Ward _____

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Madalin Robinson
 (a) Residence, No. 1717 West 50th St., 8 Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 Geo. H. Robinson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1887		
7. AGE	YEARS	MONTHS
	45	6
		DAYS
		24
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	At home
	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

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feby. 17, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 27, 1932**, 19____, to **Feb. 17**, 1933.
 I last saw him alive on **Feb. 17**, 1933. Death is said to have occurred on the date stated above, at **2:29 a. m.**
 The principal cause of death and related causes of importance were as follows:
**Acute & chronic cholecystitis
 Chronic passive congestion
 of liver with ascites**

Other contributory causes of importance:
**Myocarditis
 Generalized anaemia**

Name of operation **Cholecystectomy** Date of **Jan 6, 1933**
 What test confirmed diagnosis? **Autopsy** 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? **No**
 If so, specify _____
 (Signed) **Lawrence P. Engel**, M. D.
 (Address) **1228 Prof. Bldg. B. C. Mo.**

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

MOTHER FATHER

13. NAME **Charles H. Robinson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No information**

15. MAIDEN NAME **Ella**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No information**

17. INFORMANT **Geo. H. Robinson**
 (ADDRESS) **1717 West 50th Street**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Panas, Mo.** DATE **Feb 20, 1933**

19. UNDERTAKER **Sliger, Mrs. Clara**
 (ADDRESS) **2236 North 4th St. Cape**

20. FILED **2-18**, 19**33** **M. M. Goodall**
 Registrar.

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.

Mr. [unclear]
Feb 18 1892