

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

Do not use this space.

29816

**1. PLACE OF DEATH**

County JACKSON Registration District No. 399  
Township KAW Primary Registration District No. 6002  
City KANSAS CITY (No. 3308; GUINOTTE St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 3742

**2. FULL NAME** MRS. MINNIE NAUSS ROBERTSON

(a) Residence, No. 3308 GUINOTTE 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>GEORGE ROBERTSON</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPTEMBER 16 1901</u>				
7. AGE YEARS <u>32</u>	MONTHS <u>-</u>	DAYS <u>8</u>	If LESS than 1 day, _____ hrs or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>			
	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) <u>OTTAWA</u> (STATE OR COUNTRY) <u>KANSAS</u>				
FATHER	13. NAME <u>HARRY B. NAUSS</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>OTTAWA</u> (STATE OR COUNTRY) <u>KANSAS</u>			
MOTHER	15. MAIDEN NAME <u>MARY MOTTER</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>ILLINOIS</u> (STATE OR COUNTRY)			
17. INFORMANT <u>MR. GEORGE ROBERTSON</u> (ADDRESS) <u>3308 GUINOTTE ST.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT WASHINGTON</u> DATE <u>SEPTEMBER 22 1933</u>				
19. UNDERTAKER <u>D.W. NEWCOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY, MISSOURI</u>				
20. FILED <u>Sept 24 1933</u> <u>M. M. Crowe</u> Registrar.				

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 19 1933

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
Dorothy Brown  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:00 P. m.  
The principal cause of death and related causes of importance were as follows:  
Thrombosis of base of brain  
Uremia of blood  
Pulmonary embolism  
Other contributory causes of importance:  
100A  
111A no 1110  
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 \_\_\_\_\_ occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) [Signature] M.D.  
(Address) [Signature]

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.

61-26-1933

OCT 30 1942