JAN 26 1934

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

Do not use this space

36847

1. PLACE OF DEATH
County Jackson
Township Washington
City Kansas City
Registration District No. 404
Primary Registration District No. 5558
(No. 7924 Brooklyn, St. Ward)
File No.
Registered No. 6D

2. FULL NAME Norma Gene Robeen
(a) Residence, No. 7924 Brooklyn 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: 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) Nov. 28, 1933
7. AGE: YEARS 0 | MONTHS 0 | DAYS 1 1/2 | 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) Kansas City Mo.

FATHER
13. NAME Bert Robeen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Madiline Wartz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Bert Robeen 7924 Brooklyn
18. BURIAL, CREMATION, OR REMOVAL
PLACE MtMoriah Cem DATE Dec. 1-33, 19
19. UNDERTAKER (ADDRESS) Lindsey Funeral Home 3811 Bdwy.
20. FILED 12-1-33, 19 Fred R. Lindsey Sub Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1933, to Nov. 29, 1933
I last saw her alive on Nov. 29, 1933. Death is said to have occurred on the date stated above, at 3:45 pm.
The principal cause of death and related causes of importance were as follows:

Atalectasis

1417

Date of onset

Other contributory causes of importance:

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

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) [signature], M. D.
(Address) 802 Paser

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

N. B.—Every item of information should be care[illegible] supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may [illegible] properly classified. Exact statement of OCCUPATION is very important.

1435 78 st 80 + [illegible]oodland