

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 888 File No. 5003
Township KAW Primary Registration District No. 888 Registered No. 723
City Kansas City (No. 3915 Wyandotte) St. ... Ward ...

2. FULL NAME Robert Stewart

(a) Residence, No. 3915 Wyandotte St., ... Ward. ... (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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emily D. Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 15 1848</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>3</u>
	DAYS <u>29</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>Retired</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)	
MOTHER	11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hackelstown New Jersey</u>	
	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
FATHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>D. J. Stewart</u> (ADDRESS) <u>3915 Wyandotte</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oneida N.Y.</u> DATE <u>2-15 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Stuef & McClure</u> <u>3235 William Plaza</u> <u>314 34th M. M. Grove</u>		
20. FILED <u>2/14 1934</u> Registrar <u>aser</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1934 to Feb. 14 1934

I last saw him alive on Feb. 14 1934 Death is said to have occurred on the date stated above, at 4:45 a.m.

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

Lobar Pneumonia Date of onset Feb. 6 1934
Coric insufficiency Feb. 1 1934

Other contributory causes of importance:

100
90

Name of operation no 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? noIf so, specify ...(Signed) J. H. Washington M. D.(Address) 100 Professional Bldg... no.

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.

Professional Bldg
1887