

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.

OCT 17 1934

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

Do not use this space.

32726

1. PLACE OF DEATH

County JacksonRegistration District No. 999Township Primary Registration District No. 100City Kansas City(No. 439 East 32nd Street)St. Ward 2. FULL NAME Mrs. Catherine E. Robison(a) Residence, No. 39 East 32nd Street St. Ward
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J. Robison6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>8</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home9. 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) Missouri13. NAME Michael Costello14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Catherine Kelly16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Mrs. Frances King
(ADDRESS) 709 East 32nd Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty Co. DATE 9/13/34 1919. UNDERTAKER E. J. Barry
(ADDRESS) City20. FILED Sept 1 19 21 M M O'Connell
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1st, 19 3422. I HEREBY CERTIFY, That I attended deceased from June 20, 1934 to Aug 30, 1934I last saw her alive on Aug 30, 1934. Death is said to have occurred on the date stated above, at 9:50 p.m.

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

Carcinoma of the Breast
Date of onset 50Other contributory causes of importance: 50Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no23. 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) Edward P. Marshall M. D.(Address) 205 McMillen Bldg

Dr. E. J. ...
M. J. ...
J. H. ...