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.

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

NOV 13 1934

Do not use this space.

36035

1. PLACE OF DEATH
County JACKSON Registration District No. 39
Township KAW Primary Registration District No.
City KANSAS CITY (No. MENORAH HOSPITAL St. Ward)

File No.
Registered No. 4536

2. FULL NAME WARD C. ROBERTSON
(a) Residence, No. 4200 - EUCLID St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
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~~ MRS. ABBIE MAE ROBERTSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-1-1874
7. AGE YEARS 60 MONTHS 4 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MANAGER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PICTURE SHOW
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY MISSOURI

FATHER
13. NAME CHARLES S. ROBERTSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY MISSOURI

MOTHER
15. MAIDEN NAME ELIZABETH HENRY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NASHVILLE TENNESSEE

17. INFORMANT (ADDRESS) MRS. ABBIE MAE ROBERTSON 4200 - EUCLID AVE.
18. BURIAL, CREMATION, OR REMOVAL
PLACE MT MORIAH DATE OCTOBER-12, 1934
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI
20. FILED 10/14, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER. 10, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1934, to Oct 10, 1934
I last saw him alive on Oct 10, 1934. Death is said to have occurred on the date stated above, at 3:10A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma (Primary) of Right Bronchus. 47C 53E

Date of onset

Other contributory causes of importance: Multiple Carcinoma Metastasis

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes
Dr. Koritschoner - Menorah.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. Menorah Hospital
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) O J Printz M.D., M. D.
(Address) 1400 Park Bldg. KC Mo

Menorah Hospital

4:30-5