

MAY 24 1935

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

Do not use this space.

9441

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township 75000Primary Registration District No. 1003City Kansas City, Mo.No. 1851 Pendleton Ave

File No. \_\_\_\_\_

Registered No. 1203

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Sarah Jane Robbins(a) Residence, No. 1851 Pendleton Ave 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Robbins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-18407. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min. 94 8 38. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Missouri13. NAME William Simmons14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Richard Robbins (ADDRESS) 1851 Pendleton Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Wenton Mo DATE Apr 2 193519. UNDERTAKER Stine & McClure (ADDRESS) 3235 Sullivan Plaza K.C. Mo.20. FILED 4-1 1935 M.M. Crowe, reg. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30 193522. I HEREBY CERTIFY That I attended deceased from Jan 28 1935, to Mar 30 1935I last saw her alive on Mar 24 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Nephritis chronic. In bed since Sept 4, 34

Other contributory causes of importance:

Uremia & Anemia 3/24/35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Uremia & Anemia Was there an autopsy? No

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? No If so, specify \_\_\_\_\_(Signed) J.H. Nagel, M. D.(Address) 733 Broad Bldg.

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.

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