

MAY 24 1935

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

Do not use this space.

12971

1. PLACE OF DEATH

County Jackson
Township Kearney
City K.C. Mo. (No. 115 North Bellair)

Registration District No. 399Primary Registration District No. 1803File No. 4073

Registered No. _____

St. _____ Ward _____

2. FULL NAME Edith Mal Robinson(a) Residence, No. 115 North Bellair 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 Se 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor Robinson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-16-1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 Joseph McKinney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Clara Keenan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Victor S. Robinson
115 North Bellair18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. DATE April 2519. UNDERTAKER (ADDRESS) Mrs. C. L. Fowler
418 Broadway, Ave.20. FILED 4-18, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-193522. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1935, to April 16, 1935.I last saw h.l. alive on April 13, 1935. Death is said to have occurred on the date stated above, at 2:50 p.m.

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

Carcinoma of the
colon at junction into
the liver and distal
Symph. Colon
11-35

Date of onset

Other contributory causes of importance:

Toxemia from kidney
involvement and cardiac
failure from toxemia

Name of operation None Date of _____What test confirmed diagnosis? pat. Was there an autopsy? Yes

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) E. G. Wycoff D.O.(Address) 3644 North Ave.
K.C. Mo.

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.

D. Zillinger

Forster

91.0336