

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

Do not use this space.

JAN 23 1936

39485

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jean Primary Registration District No. 1002
City Kansas City (No. KC Gen Hosp)

File No. 1621
Registered No. 1621
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7149 S Benton Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 34 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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Roben
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2, 1855
7. AGE. YEARS 80 MONTHS 2 DAYS 1 LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Ile

FATHER 13. NAME John Roben
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

MOTHER 15. MAIDEN NAME Catherine King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Reverend Clerk
(ADDRESS) KC Gen Hosp PCRM

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec. 6 1935

19. UNDERTAKER R. U. Lindsay & Sons
(ADDRESS) 2811 Broadway

20. FILED 12/5 1935 at m. m. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-20 1935 to 12-3 1935
I last saw h. alive on 12-3 1935 Death is said to have occurred on the date stated above, at 4:50 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Gland
Ascending Pyelonephritis
Other contributory causes of importance:
Carbonyl Liver

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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?
If so, specify _____

(Signed) J. J. Gaudin, M. D.
(Address) KC Gen Hosp

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.

WRITE PEANILY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

