MAY 25 1936

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

Do not use this space.

19440

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. 322 North Kensington St. Ward)
File No.
Registered No. 2396

2. FULL NAME David A. Robertson
(a) Residence, No. 322 North Kensington St., 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 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 Dora Robertson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1870
7. AGE Years 65 Months 11 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Employee
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) Indiana

FATHER
13. NAME Abraham Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Adeline Harp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Carter C. Robertson 2214 East 55th St., Kansas Cy., Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Washington Cem.
PLACE Kansas City, Mo. DATE May 11 1936
19. UNDERTAKER (ADDRESS) Stine & McClure Undertaking Co. 3235 Gillham Plaza
20. FILED May 11 1936 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1936
22. I HEREBY CERTIFY, That I attended deceased from March 11, 1936, to May 9, 1936
I last saw him alive on May 9, 1936 Death is said to have occurred on the date stated above, at A. m. 8:40
The principal cause of death and related causes of importance were as follows:
Carcinoma of the liver
Date of onset
Other contributory causes of importance:
Hemorrhage & Exhaustion
Name of operation None Date of
What test confirmed diagnosis? Laboratory 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) Joseph H. Freeman, M. D.
(Address) 208 Bright Bldg.

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.

2603 E 31st

3- 5