

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

Do not use this space.

1. PLACE OF DEATH **III 24 1936**
County **Jackson**

399
1002

23032

Township _____
City **Kansas City** (No. **5708**, **Holmes Street**)

Registration District No. _____
Primary Registration District No. _____
St. _____ Ward _____

File No. _____
Registered No. **5915**

2. FULL NAME **Susan G. Robinson**
(a) Residence, No. **Merriam, Kansas** St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred **65** yrs. mos. ds. How long in U. S., if of foreign birth? **67** yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 John Robinson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1865		
7. AGE YEARS 70	MONTHS 10	DAYS 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		11. Total time (years) spent in this occupation _____
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) _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

13. NAME **Nimrod Allaway**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

15. MAIDEN NAME **No record**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No record**

17. INFORMANT **John Robinson**
(ADDRESS) **Merriam, Kansas**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Mt. Washington** DATE **June 29, 1936**

19. UNDERTAKER **Gates Funeral Home**
(ADDRESS) **Kansas City, Kansas**

20. FILED **6-26** 19**36** **M. M. Crowl** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 26, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **June 26, 1936**, to **6/26, 1936**
I last saw h. alive on **6/26, 1936** Death is said to have occurred on the date stated above, at **12:30** m.

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

My Pericardium, Myocardium, Coronary Arteries, Coronary Veins, Passively filled with blood, Coronary
Other contributory causes of importance: **Chronic nephritis**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, 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) **B. J. Hopkins** M. D.
(Address) **628 East 10th St.**

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.

