JAN 19 1937

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

Do not use this space.

44888

File No. 5470

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Mildred J. Robison

(a) Residence, No. 3700 Wyoming St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life-time ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harold F. Robison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	30	8	9	

OCCUPATION

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

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) Kansas City, Kansas.

FATHER

13. NAME Edward H. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER

15. MAIDEN NAME Zieglemeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Harold F. Robison, 3700 Wyoming

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Shawnee Kansas~~ DATE ~~Dec 21st~~ 19 36
St Joseph Cem

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons, Paseo & Brush Creek

20. FILED 12-19 1936 M. M. Crowl asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1936, to Dec. 18, 1936

I last saw her alive on Dec 18, 1936. Death is said to have occurred on the date stated above, at 12.30 P.M.

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

	Date of onset
Acute Suppurative Appendicitis	12/7/36
Pelvic Peritonitis	12/10/36

Other contributory causes of importance:

5 mo. pregnancy with spontaneous abortion	12/13/36

Name of operation Appendectomy Date of 12/8/36

What test confirmed diagnosis? 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. A. Wilkinson M. D.

(Address) 700 Professional 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.