APR 8 1937

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

Do not use this space.

File No. 9524
Registered No. 1241

1. PLACE OF DEATH

County: Jackson — Registration District No.:
Township: Raw — Primary Registration District No.:
City: Kansas City (No. 4208 Wyoming St. Ward)

2. FULL NAME Jennie L. Robbins

(a) Residence, No. 4208 Wyoming St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sanders L. Robbins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
86	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) New York

FATHER

13. NAME Reese Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER

15. MAIDEN NAME Jane Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

17. INFORMANT Raymond Robbins
(ADDRESS) 4208 Wyoming

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Mar. 11, 1937

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

20. FILED Mar 11, 1937 M. M. Conroy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy?

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) ..., M. D.
(Address)

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 PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD