

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.

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

Do not use this space.

REC'D APR 23 1938

1. PLACE OF DEATH

County Jackson  
Township Can  
City Kansas City

Registration District No. 399

Primary Registration District No. 100

File No. 9734

Registered No. 1199

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Martha Swynn Robertson 163

(a) Residence, 2409 Hawthorne 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1930  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
7 5 6

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
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) Independence, Missouri

FATHER  
13. NAME William T. Robertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casey, Illinois

MOTHER  
15. MAIDEN NAME Mora Sutton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

17. INFORMANT (ADDRESS) Mrs. M. W. Livingston 2409 Hawthorne A.C.

18. BURIAL, CREMATION, OR REMOVAL PLACE Callatin Mo Mar 16 1938

19. UNDERTAKER (ADDRESS) George C. Garrison Independence, Mo

20. FILED Nov 16 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_

I last saw h. Dyblow 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:

Basal Meningitis (Sun Epidemic) 194B

Other contributory causes of importance: no trauma over left mastoid

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? autops Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? gunshot Date of injury \_\_\_\_\_

Where did injury occur? Rock Creek School Jackson Co (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Rock Creek School Jackson Co

Manner of injury Blow over left ear  
Nature of injury trauma over left mastoid

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) Dyblow \_\_\_\_\_ M. D.  
(Address) Dyblow

