

REC'D MAY 9 1938

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

13472

Do not use this space.

## 1. PLACE OF DEATH

(a) County Georgetown Registration District No. 399  
(b) Township Kear Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. Wesley Hosp Registered No. 1452  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Jessie M. Robbins 152  
(a) Residence, No. 722 Brighton ave St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. G. Robbins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10 1881</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>2</u>
	DAYS <u>23</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as 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) <u>Missouri</u>		
FATHER	13. NAME <u>Rudolph Imboden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Ray</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>J. G. Robbins</u> <u>722 Brighton ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Weston mo</u> DATE <u>4/5-1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Stine-McClure</u> <u>Kansas City mo</u> <u>Apr 4 38 Dr. M. Groom</u>		
20. FILED <u>Apr 4 1938</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3<sup>rd</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938, to Apr 3, 1938  
I last saw her alive on Apr 3, 1938. Death is said to have occurred on the date stated above, at 6 P m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of breast -  
Recurrence found by  
Dr. Jno. Ogilvie Nov. 2-1937  
50  
Date of onset 1924

Other contributory causes of importance:  
General recurrent metastases  
Pleural effusion.

Name of operation ..... Date of .....  
What test confirmed diagnosis? microscope 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?  
If so, specify .....  
(Signed) Dr. M. C. Cardless, M. D.  
(Address) 420 Argyle Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

FORM-7-26-37 1 X12004

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**