

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13609

Do not use this space.

399

1. PLACE OF DEATH

(a) County Jackson
(b) Township Kaw
(c) City Kansas City
(e) Length of residence in city or town where death occurred yrs. mos. ds.Registration District No. 1002
Primary Registration District No. 1002Registered No. 1589(d) Street No. Menorah Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(Judge) Harris Robinson 152(a) Residence, No. 6010 Belleview 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clyde Elaine Flanders Robinson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 18787. AGE YEARS 59 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Lawyer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriFATHER 13. NAME Elijah Robinson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriMOTHER 15. MAIDEN NAME Elia Harris16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mrs. Clyde Elaine Flanders Robinson
(ADDRESS) 6010 Belleview, Kansas City, Mo.18. BURIAL CHURCH, CEMETERY, OR PLACE Mt. Washington Cem.
Kansas City, Mo. DATE April 14, 193819. FUNERAL DIRECTOR Stine & McClure
(ADDRESS) Kansas City, Missouri.20. FILED Apr. 13, 1938 M. M. Crowe, Jr.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1938, to April 12, 1938I last saw him alive on April 12, 1938. Death is said to have occurred on the date stated above, at 8:20 A. m.

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

Chronic Interstitial Nephritis
(f)Other contributory causes of importance:
Tubercles bladder with Paralysis Bladder 1920Name of operation..... Date of.....
What test confirmed diagnosis? Laboratory Was there an autopsy? No23. 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) William A. Baker, M. D.(Address) 1030 Argyle St. Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

219021
10-27

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.)