

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

Do not use this space.

34548

REC'D NOV 21 1938

**1. PLACE OF DEATH**

County *Jackson*  
Township *Ross*  
City *Kansas City* (No. *Research Hospital* St. *12* Ward)

Registration District No. *395*  
Primary Registration District No. *1002*

File No. *3884*  
Registered No. *3884*

**2. FULL NAME**

(a) Residence, No. *Class Bldg.* St. *12* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. *3* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Dr. E. C. Robichaux</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 31, 1887</i>		
7. AGE YEARS <i>51</i>	MONTHS <i>1</i>	DAYS <i>5 days</i>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Orick Mo.</i>	
	13. NAME <i>John Bissell</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
	15. MAIDEN NAME <i>Cara Badley</i>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Holding</i>	
	17. INFORMANT <i>Dr. E. C. Robichaux</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Caron Hill of Eldon Springs</i> DATE <i>Oct 7 1938</i>		
19. UNDERTAKER (ADDRESS) <i>Hebert Hope of Eldon Springs</i>		
20. FILED <i>Oct 5 1938 M. M. Chron</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 5, 1938*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw her alive on *October 5th, 1938*. Death is said to have occurred on the date stated above, at *6:52 AM*.  
The principal cause of death and related causes of importance were as follows:  
*Bronchial pneumonia* Date of onset *Sept. 30*

Other contributory causes of importance:  
*1074*

Name of operation *None* Date of.....  
What test confirmed diagnosis? *XRay* Was there an autopsy? *no*

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) *Jackson P. Pyre, M. D.*  
(Address) *Research Hospital Kansas City, Mo.*

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.

