

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

Do not use this space.

34489

**1. PLACE OF DEATH**

County Jackson  
Township Rau  
City Kansas City (No. 4010 Tracy)

Registration District No. 389  
Primary Registration District No. 3507

File No. 4008  
Registered No. 4008  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Elizabeth Robertson

(a) Residence, No. 4010 Tracy St. 15 Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF J. M. Robertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6 - 1840

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>90</u>	<u>10</u>	<u>10</u>	

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) Grand Pass Missouri

FATHER 13. NAME Allen M. Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Martha Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Lulu M. Tipton 4010 Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Oct 17 1931

19. UNDERTAKER (ADDRESS) D. N. Newcomer's Sons 2111 East 9th St.

20. FILED 10-16-1931 M. M. Crowe Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1931, to Oct 13, 1931.

I last saw her alive on Oct 14, 1931. Death is said

to have occurred on the date stated above, at 3:30 A.M.

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

Cardio-vascular disease  
Many year duration

Date of onset

Other contributory causes of importance:

Hemorrhagic Nephritis 1 wk.

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) W. D. \_\_\_\_\_, M. D.

(Address) 402 Withman Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

11-12; 3-5

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