

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON Registration District No. 189
 Township KAW Primary Registration District No. 1502
 City KANSAS CITY (No. RESEARCH HOSPITAL) St. 16716 Ward 2212

2. FULL NAME

MRS. MAUDE AMANDA RAMBO

(a) Residence, No. 1417 SHERER ROAD St. KANSAS CITY, KANSAS
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LASAYETTE RAMBO

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-30-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day	hrs.	min.
	<u>65</u>	<u>10</u>	<u>22</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

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) MARYVILLE
 (STATE OR COUNTRY) MISSOURI

13. NAME AARON WILES

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

15. MAIDEN NAME RUTH THURMAN

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

17. INFORMANT MR. LASAYETTE RAMBO
 (ADDRESS) 1417 SHERER ROAD - K.C. KANS.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE MAY-25 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS
 (ADDRESS) KANSAS CITY MISSOURI

20. FILED May 24 1933 m. m. Cronin
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20 1933 to May 22 1933

I last saw her alive on May-22 1933 Death is said to have occurred on the date stated above, at 9:15 P. m.

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

Cholecystitis-Cholelithiasis Date of onset

Septicemia

Myocardial infarction

Other contributory causes of importance:

Cholelithiasis-Hepatitis

Name of operation Cholecystectomy Date of May 19 1933

What test confirmed diagnosis W. exam. 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

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) Paul D. Hunt M. D.
 (Address) 7305 Prof. Bldg. K.C. Mo

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.

730 Professional Bldg

1:00. 3:30