

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

Do not use this space.

29571

1. PLACE OF DEATH

County JACKSON Registration District No. 809
 Township RAW Primary Registration District No. 1002
 City KANSAS CITY (No. 3516, BROOKLYN) St. _____ Ward _____

File No. _____
 Registered No. 3473

2. FULL NAME

MRS JESSIE SHAMBO

(a) Residence, No. 3516-BROOKLYN St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

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

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>WILLIAM J SHAMBO</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY-23-1881</u>				
7. AGE	YEARS <u>52</u>	MONTHS <u>3</u>	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>			
	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) <u>HARRISON ARKANSAS</u>				
FATHER	13. NAME <u>A. C. HOLMAN</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>HARRISON ARKANSAS</u>			
MOTHER	15. MAIDEN NAME <u>ELIZABETH HAYES</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NASHVILLE TENNESSEE</u>			
17. INFORMANT <u>MR. WILLIAM J. SHAMBO</u> (ADDRESS) <u>3516-BROOKLYN AVE</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT MORIAH</u> DATE <u>SEPT-2-1933</u>				
19. UNDERTAKER <u>D. W. NEWCOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY MISSOURI</u>				
20. FILED <u>9-1-1933</u> <u>M. M. Crowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1933, to Aug. 31, 1933
 I last saw her alive on Aug. 31, 1933 Death is said to have occurred on the date stated above, at 1:30 A.M.
 The principal cause of death and related causes of importance were as follows:
died from strangulation while vomiting.
1943
50
463
 Other contributory causes of importance:
she had metastatic cancer of stomach & entire viscera
primary right breast
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 E. H. Bullock, M. D.
 (Address) 1111 Grand Ave
Kansas City Mo

WRITE BLAINLY 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.

EX-27-1033

2285

1111 Grand Ave.

11:30 - 4:30