

JUN 24 1935

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

Do not use this space.

16588

1. PLACE OF DEATH

County Jackson

Registration District No. 317

Township Kan

Primary Registration District No. 1110

City Kansas City

(No. St. Joseph's Hospital)

File No. _____

Registered No. 21100

St. _____ Ward _____

2. FULL NAME Ruth Rabinger

(a) Residence, No. Commonwealth Hotel 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 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 Lloyd Rabinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1902

7. AGE YEARS 33 MONTHS 3 DAYS 20 IF LESS than 1 day, _____ hrs. or _____ min.

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) Rodgers (STATE OR COUNTRY) Arkansas

13. NAME W. M. Raye

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

15. MAIDEN NAME Zena Taylor

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

17. INFORMANT Mrs. Nellie Blanchette (ADDRESS) Denver, Colorado

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 20, 1935

19. UNDERTAKER Gates Funeral Home (ADDRESS) Kansas City, Kansas

20. FILED May 20, 1935 M. M. Cerone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1935, to May 18, 1935

I last saw her alive on May 17, 1935. Death is said to have occurred on the date stated above, at 8:17 m.

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

Primary Carcinoma of the Uterus (Cervix) with extensive involvement of the pelvic organs and peritoneum producing obstruction

Other contributory causes of importance: Secondary carcinoma of liver and lungs

Name of operation Colostomy Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 Spoke G. Millitts (Signed) _____, M. D.

(Address) Orange Bldg

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.

