

510

PLACE OF DEATH

County of Chester
 Township of _____
 or
 Borough of _____
 or
 City of Cortesville (No. 796, Coates St., _____ Ward)

CERTIFICATE OF DEATH

Registration District No. 349

Primary Registration District No. 1156

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS

File No. 57801

Registered No. 144

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME Lillian Rambo

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
 (Write the word.)

3. DATE OF BIRTH Mar. 7 1923
 (Month) (Day) (Year)

6. AGE 1 yrs. 27 mos. 27 ds. If LESS than 1 day how many hrs. or min.?

7. OCCUPATION None
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)

8. BIRTHPLACE Pa.
 (State or Country)

9. NAME OF FATHER Albert Rambo

10. BIRTHPLACE OF FATHER Italy
 (State or Country)

11. MAIDEN NAME OF MOTHER Teresa Di Andri

12. BIRTHPLACE OF MOTHER Italy
 (State or Country)

13. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Albert Rambo
 (Address) Cortesville

Filed 510 1923 F. J. Tammegar Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 5 1923
 (Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from May 3 1923, to May 5 1923 that I last saw her alive on May 4 1923 and that death occurred, on the date stated above, at 64 M. The CAUSE OF DEATH* was as follows:

Pruritic - Eczema (Premature Birth 7 months)

161-100a
 (Duration) yrs. mos. 3 ds.

Contributory (Secondary) Acute Bronchitis
 (Duration) yrs. mos. 3 ds.

(Signed) Michael Magolus M. D.
May 5 1923 (Address) Cortesville Pa

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL H. Cecilia DATE OF BURIAL May 5 1923

20. UNDERTAKER W. J. Landis ADDRESS Cortesville