

CT 24 1928

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

Do not use this space.

29910

1. PLACE OF DEATH

County Cape Girardeau
Township Byrd
City Jackson

Registration District No. 124
Primary Registration District No. 4070

File No. _____
Registered No. 38
St. _____ Ward _____

2. FULL NAME

Nancy Aldham

(a) Residence, No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Aldham</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 15-1849</u>		
7. AGE <u>79</u>	YEARS <u>5</u>	MONTHS <u>23</u>
		DAY <u>23</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Near Jackson
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Elisiah Roberts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Byrd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Not known

14. INFORMANT Joe Aldham
(Address) Jackson Mo.

15. FILED 9-12-28 D. G. Suber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1928

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to Sept 7, 1928 that I last saw him alive on Sept 7, 1928, and that death occurred, on the date stated above, at 87 1/2 yrs. 0 mos. 0 da.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer - originating in thyroid gland and extending to metastases (duration) 8 1/2 yrs. 0 mos. 0 da.

CONTRIBUTORY (SECONDARY) 49 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH... at place of death

DID AN OPERATION PRECEDE DEATH... no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. H. Gays M. D.
Sept 8, 1928 (Address) Jackson, Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walter H. Maguire DATE OF BURIAL Sept 9 1928

20. UNDERTAKER J. H. McComb ADDRESS Jackson Mo.

M. 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.

