

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

Do not use this space.

34465

1. PLACE OF DEATH
 103 County Holt Registration District No. 834
 Township Rich Primary Registration District No. 6097
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary A. Seegleton
 (a) Residence, No. Seegleton St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 43

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 R. Seegleton</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6 - 1864</u>			
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>	DAYS <u>29</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>domestic helper</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>244</u>		
	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>Wentz, Mo. Perry Co. Tenn.</u>			
FATHER	13. NAME <u>Dr. Warren</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chattanooga 3/1</u>		
MOTHER	15. MAIDEN NAME <u>Mary G. Warren</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doniphan</u>		
17. INFORMANT <u>J. R. Seegleton</u> (ADDRESS) <u>Advocate St. No # 110</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hart Cemetery, Mo. Oct 7 1932</u>			
19. UNDERTAKER <u>Ray & Morgan</u> (ADDRESS) <u>Advocate Ma</u>			
20. FILED <u>10-15</u> 19 <u>32</u> <u>W. McNeary</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 - 1932

22. I HEREBY CERTIFY, That I attended deceased from about Aug - 1932 to Oct 5 - 1932
 I last saw him alive on about Sep 20 - 1932. Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus and appendages.
48 48
 Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

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? no
 If so, specify: _____
 (Signed) A. A. Myfield, M. D.
 (Address) Seegleton, 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.

NOV 29 1932

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