WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

...ry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 21 1933

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

Do not use this space.

10710

1. PLACE OF DEATH
County Putnam — Registration District No. 718 — File No.
Township — Primary Registration District No. 6430 — Registered No. 12
City Unionville (No. , St. Ward)

2. FULL NAME Mary Ann Seifert
(a) Residence, No. (Usual place of abode) St., Ward. (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: J. B. Seifert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 4-1866
7. AGE: YEARS 66 — MONTHS 5 — DAYS 28 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework
10. Date deceased last worked at this occupation (month and year): Feb 1933
11. Total time (years) spent in this occupation: Whole life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co Iowa

FATHER
13. NAME: R. T. Dewees
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Elizabeth Tute
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): J B Seifert Unionville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Union Church DATE: Mar 5, 1933
19. UNDERTAKER (ADDRESS): Comstock Mere Co. Unionville Mo
20. FILED: Mch 4, 1933 J H Holman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1933, to Mar. 2, 1933
I last saw her alive on Mar. 2, 1933. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma of Rectum	1922
460	

Other contributory causes of importance: 460

Name of operation: Microscopic — Date of
What test confirmed diagnosis? 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) J N Martin, M. D.
(Address) Unionville