

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

Do not use this space.

**19771**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 1634, Pennsylvania) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2486  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Myrtle V. Thume  
 (a) Residence, No. 1634 Pennsylvania St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 40 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED husband of Oscar A. Thume  
 (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 2 16

OCCUPATION  
 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. Data 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) Clinton Mo.

FATHER  
 13. NAME Peter Alfter

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

MOTHER  
 15. MAIDEN NAME Unknown

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

17. INFORMANT Oscar A. Thume  
 (ADDRESS) 1634 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL PLACE Chenwood DATE JUNE-15, 1933

19. UNDERTAKER D. W. Thompson & Son  
 (ADDRESS) 2111 E. 9th St. K.C. Mo.

20. FILED June 14, 1933 M. M. Brown  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to June 13, 1933  
 I last saw her alive on June 13, 1933. Death is said to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:  
Hemorrhage from Carcinoma which was secondary to the uterus  
 Date of onset June 4, 1933

Other contributory causes of importance:  
Carcinoma uterus 1932  
Encephaloma of the brain 1933  
secondary to the uterus

Name of operation None Date of \_\_\_\_\_  
 What test confirms diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accidents, 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) F. D. W. Wilson M. D.  
 (Address) 612 Prof. Bldg. K.C. Mo.

June 13, 1933

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.

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