MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 333 — File No. 13022
Township Kaw — Primary Registration District No. 1002 — Registered No. 1773
City Kansas City (No. 5924, Thompson St. Ward)

2. FULL NAME Mrs Alice Meyers
(a) Residence, No. 5924 Thompson 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Meyers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 6, 1868
7. AGE: Years 65 — Months 7 — Days 13 — If LESS than 1 day, ...hrs. or ....min.

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. 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): Iowa

FATHER
13. NAME: ~~Alice~~ John Ridway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Alice Ridgeway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leroy Iowa

17. INFORMANT (ADDRESS): Dr. Earl V. Jones, 2916 Guinotte
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Floral Hills DATE: April 21, 1934
19. UNDERTAKER (ADDRESS): Kettelen K.C. Mo
20. FILED: Apr. 20, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 19, 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934, to Apr - 19, 1934
I last saw her alive on Apr 16, 1934. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1/1/33

Other contributory causes of importance: 50

Name of operation: Clin & Lab. Date of
What test confirmed diagnosis? Was there an autopsy? 200

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?
If so, specify
(Signed) Fred H. Evans, M. D.
(Address) 804 Argyle

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.