

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

Do not use this space.

16118

MAY 25 1934

1. PLACE OF DEATH  
County Clay Registration District No. 199  
Township Kearney Primary Registration District No. 52790  
City Holt No. 7 St. \_\_\_\_\_ Ward \_\_\_\_\_  
Maude Montgomery

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. C. Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

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) Missouri

13. NAME John Bridgewater

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

15. MAIDEN NAME Kathern Pollock

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

17. INFORMANT Mrs Raymon Bradley (ADDRESS) Holt

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensberg Mo DATE May 3rd 1934

19. UNDERTAKER Leonard Fry (ADDRESS) Kearney

20. FILED May 25 1934 W.A. Miller Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1933 to Apr 15 1934  
I last saw her alive on Apr 15 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:  
Epithelial Cancer of uterus - bladder & adnexa  
(epithelial) 4 1/2  
53 1/2

Other contributory causes of importance:  
Date of onset Apr 15 1934

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Biopsy of uterus & adnexa

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) H. J. Dabow M. D.  
(Address) Holt Mo

N. B.—Every item on this form should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain, unobscured language if it may be properly classified. Exact statement of OCCUPATION is very important.

NO

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Clay  
Township Jefferson  
City (No. .... St. .... Ward)

Registration District No. 199  
Primary Registration District No. 52794

File No. ....  
Registered No. ....

**2. FULL NAME**

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw him alive on ... 19... Death is said to have occurred on the ... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 2 18

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Epithelial Cancer Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Bladder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Primary cause unknown

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

Name of operation ... Date of ...

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

What test confirmed diagnosis? ... Was there an autopsy?

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury ...

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury ...

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED 6/22 1934 W. H. Miller Registrar

(Signed) W. D. Jaddock M. D.

(Address) Halt Ma

**SUPPLEMENTARY**

**83**

REGISTRARS SHALL BE CAREFUL TO APPLY UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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