

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

Do not use this space.

31617

SEP 4 1934

1. PLACE OF DEATH

County Seath Registration District No. 816
Township _____ Primary Registration District No. 44925
City Chaffee Mo (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. 2 Ward _____
(Usual place of abode) Black
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female White
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 15 25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homewife
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) July 1934 Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Illinois
13. NAME Joseph H. Kieckhefer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Illinois
15. MAIDEN NAME " Harri
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Illinois
17. INFORMANT V. J. Summers
(ADDRESS) Chaffee Mo.
18. BURIAL, CREMATION OR REMOVAL PLACE DATE U.P. Cem. Chaffee Mo. Aug 11, 1934
19. UNDERTAKER (ADDRESS) Chaffee Mo.
20. FILED 8/11 1934 D. W. Downing Registrar

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9 1934
22. I HEREBY CERTIFY, That I attended deceased from October 20, 1909 to Aug 9, 1934
I last saw her alive on Aug 9, 1934. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Malignancy involv- ing genito-urinary organs
49 48
Date of onset 9/1/33
Other contributory causes of importance: Uterine hemorrhages

Name of operation Exploratory Date of Jan-34
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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? Yes
If so, specify _____
(Signed) Mabel M. DeLeone M. D.
(Address) Chaffee Mo.

N. B.—Every item of info. CAUSE OF DEATH in plain text. Every word is very important.

SEP - 4 1934

PERMANENT RECORD

Affidavit as to age of Deceased,
Mary Myrtle Alford. And as to
About the date Deceased became
unable to do her house work.

State of Missouri

County of Scott.

On this 12th day of September 1934, before the undersigned, a
Notary Public, in and for the county of Scott, personally appeared
Goldia Gore, a girl of 14 years age, and being by me first duly
sworn, deposes and says, that she is the daughter of Mary Myrtle
Alford, who departed this life about, or on, the 9th day of August
1934, and states that she has lived continuously in the home of her
mother, Mary Myrtle Alford, for five years preceeding the death of
her mother; that she knew that her mother did her own house work
all that period and up to and including the year 1933, and also did
most of her house work during the first part of the year 1934, from
January the 1st, to about the first day of July 1934, after which
time she became bed-fast and did no more work during the remainder
of her life. And further states that she has heard her mother state
at many and divers times, that she was born February the 14th, 1888,
and that she was 46 years old her last birthday, this affidavit is
made to correct an error made in reporting the age in the undertakers
certificate ~~said~~ last date Deceased did her own work, and

Goldia Gore

William Olney

My term as Notary Public
will expire Feb, 13th, 1937.

A Notary Public,

It should be carefully supervised

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary Myrtle Alford
Who died at _____ on Aug 9 - 1935
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 46 Months 5 Days 15

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Malignancy involving genit-urinary

Birthplace (State or country) Oregon
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____

Principal cause of death: Cancer beginning in uterus spread to bladder and R & L ovaries

Other contributory causes of importance Uterine hemorrhages
Name of operation Exploratory Date of _____

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

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

X Signature of Registrar [Signature] Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 816

Very truly yours, E. T. McGaugh
State Registrar

Primary Reg. Dist. No. 449

Special Agent.