OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH
County Saline
Township Marshall
City Marshall, Mo. (No. ..... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 3038

File No. 35412
Registered No. 152

2. FULL NAME Mary Alice Retherford
(a) Residence, No. 603 East Gordon 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	2	23	

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) Hanover, Illinois

FATHER
13. NAME Joseph Claus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Sallie Fanum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Frank Retherford
(ADDRESS) 603 E. Gordon St. Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Lick Cem. DATE Sept. 10, 1937

19. UNDERTAKER J. L. Sweeney
(ADDRESS) Marshall, Mo.

20. FILED 9-9-1937 Mary Kent Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1937, to Sept 8, 1937
I last saw her alive on Sept 8, 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (urinary) with metastasis to liver and lungs	2
Other contributory causes of importance: Diverticulum of duodenum	9

Name of operation none Date of
What test confirmed diagnosis? X-ray cystoscopy Was there an autopsy? no

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) W. K. Nitt M. D.
(Address) Marshall, Mo.

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.