

REC'D JUN 9 1938

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

*Aldridge*  
Do not use this space.

1. PLACE OF DEATH

County..... Cole  
Township.....  
City..... Jefferson

Registration District No. 213  
Primary Registration District No. 3014  
(No. 405 , Mullberry

File No. 18063  
Registered No. 145  
St. 3 Ward)

2. FULL NAME Mrs. Mary Dorrinda Derkum 125  
(a) Residence, No. 405 Mullberry St., 3 Ward.  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 60 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 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 Benjamin Derkum  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-19-1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
71 7 18

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 7 , 1938  
22. I HEREBY CERTIFY That I attended deceased from Jan 10 1938 to May 7 1938  
I last saw her alive on May 7 1938 Death is said to have occurred on the date stated above, at 11:00 m.  
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. Houswife  
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.....

Date of onset Jan 1938  
Carcinoma of vagina  
Other contributory causes of importance:  
Carcinoma of vagina

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County, Mo.  
13. NAME William Johnson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.  
15. MAIDEN NAME Fannie Brown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Mo.

Name of operation excise Date of.....  
What test confirmed diagnosis? biopsy 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.

17. INFORMANT Hilda Sailer (ADDRESS) Jefferson City, Missouri  
18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE May-10- 1938  
19. UNDERTAKER (ADDRESS) W. H. Gordon  
20. FILED 5/13/38 W. H. Gordon Registrar.

Manner of injury.....  
Nature of injury.....  
24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) W. H. Aldridge M. D.  
(Address) Jefferson City, Mo.

This document may be properly classified. Exact statement of OCCUPATION is very important.

