AUG 16 1927

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

Do not use this space.

21102

1. PLACE OF DEATH

County Franklin — Registration District No. 295

Township — Primary Registration District No. 300

City Washington (No. ..... St. ..... Ward)

File No. ..... Registered No. 38

2. FULL NAME Elizabeth Altemueller

(a) Residence. No. 502 West Third St St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 20, 1830

7. AGE: Years 97 — Months 4 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Westphalia (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER: Henry Pevling.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Westphalia, Germany

12. MAIDEN NAME OF MOTHER: Mary Suhrmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Westphalea, Germany

14. INFORMANT: Mr. Joseph Altemueller (Address)

15. FILED July 30, 1927 — A. L. Mueller, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 29 - 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1 - 1926, to July 29 - 1927 that I last saw her alive on June 25 - 1927, and that death occurred, on the date stated above, at 7 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral regurgitation

92A

111B

90a

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pulmonary Oedema

(duration) ✓ yrs. 1½ mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) Stamay, M. D

July 30, 1927 (Address) Washington, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Catholic Cemetery — DATE OF BURIAL: Aug, 1, 1927

20. UNDERTAKER: Otto & Co. — ADDRESS: Washington, 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.