

AUG 2 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23032

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(Name of Hospital) Memorial HospitalFile No. 836Registered No. 836St. Oregon, Mo.

Ward)

2. FULL NAME

(a) Residence, No. Oregon, Mo. St. Oregon, Mo.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 5 da.How long in U.S., if of foreign birth 1 yrs. 1 mos. 5 da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Margaret Altkire

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

May 22 - 1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.36115

8. OCCUPATION OF DECEASED

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

Farmer

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

(Retired)

(c) Name of employer

None

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Holt Co Missouri

10. NAME OF FATHER

H. J. Altkire

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Platte Mo Missouri

12. MAIDEN NAME OF MOTHER

Margaret Altkire

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Joseph Mo Missouri

14. INFORMANT

H. J. Altkire

(Address)

Oregon, Mo.

15. FILED

1928John J. Altkire

REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 7 1928

17.

I HEREBY CERTIFY That I attended deceased from July 7 1928 to July 7 1928 that I last saw him alive on July 7 1928 and that death occurred, on the date stated above, at 3p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Capillary pneumonia
12/3
129 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Septic Peritonitis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 2WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

H. J. Altkire M. D.

(Address)

St. Joseph 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

DATE OF BURIAL

Oregon Mo. July 8 1928

20. UNDERTAKER

ADDRESS

Therman Funeral Home 1208 2nd Ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

X. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

