

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

Do not use this space.

31290

1. PLACE OF DEATH

County Pittsburg
Township Frederick
City Frederick

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 245
St. Ward)

2. FULL NAME

(a) Residence. No. 304 N. Quincy St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OF RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Rachel B. Alfter

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

10-19-1849

7. AGE

78

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

10

27

8. OCCUPATION OF DECEASED

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

Laborer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

10. NAME OF FATHER

John Alfter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Hout Knauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

Mr. Fritz Keybooth
Houstonia, Mo

15.

FILED

9-7-1928

J. S. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 6 1928

17.

I HEREBY CERTIFY, That I attended deceased from July 1, 1928 to Sept 6, 1928, and that I last saw him alive on Sept 30, 1928, and that death occurred, on the date stated above, at 10-50 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac asthma
mitral stenosis

92 B
95 B

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

90 A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. S. Bishop, M. D.

, 19 (Address) Sedalia

*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

Houstonia, Mo 9/8/28

20. UNDERTAKER

ADDRESS

W. B. Weather Houstonia, 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.

