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

Do not use this space.

1810

1. PLACE OF DEATH

399

County Jackson Registration District No.

Township Kaw Primary Registration District No. 1002

File No. 402

Registered No. 1

City Kansas City (No. 910 Prospect St. Ward)

2. FULL NAME Miss. Rose Altman

(a) Residence. No. Schuyler Hotel St., Ward.
(Usual place of abode)

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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73	0	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Clemens Altman

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

12. MAIDEN NAME OF MOTHER Wilhmenia Rohling

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

14. INFORMANT Clem Altman
(Address) 1000 Holmes St

15. FILED 1-27-29 M. M. Crane Asst. REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929, to Jan 26, 1929, that I last saw h. alive on Jan 26, 1929, and that death occurred, on the date stated above, at 8:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia Right
3 days duration
133A
107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis
Yes and Known (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscope

(Signed) A. C. Kurtz, M. D
1/27, 1929 (Address) 110 E Linwood

*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
St. Mary's Cemetery	1/28/29
20. UNDERTAKER	ADDRESS
Quirk & Tobin Co	20 W Linwood

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.

262 2 10 10