

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.

JUN 24 1924

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

Do not use this space.

17156

1. PLACE OF DEATH

County Audrain
Township Salmon
City Mexico (No.)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 70
St. Ward)

2. FULL NAME

Mary Margaret Althuis

(a) Residence. No. 1129 N. Weston Ave. 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.

PERSONAL AND STATISTICAL PARTICULARS

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 Contra Althuis

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

May 30 1875

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
54 - 20

8. OCCUPATION OF DECEASED

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

Callaway Co. Mo

PARENTS

10. NAME OF FATHER

Fred. Althuis

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

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

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

Unknown

14.

INFORMANT (Address)

Richard Nelson Mexico Mo

15.

May 21st 1924 Ira S. Milligan REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1924

17. I HEREBY CERTIFY, That I attended deceased from March 1924, to May 20 1924
that I last saw her alive on May 20, 1924, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
215
Several months (duration) yrs. mos. ds.
CONTRIBUTORY Tuberculosis of intestine (SECONDARY) (duration) yrs. mos. ds.

18. WHERE DISEASE CONTRACTED

IF NOT IN PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. W. R. Barry M. D.
, 19 (Address) Mexico 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

Mexico Mo

20. UNDERTAKER

H. A. Reicht Mexico

DATE OF BURIAL

5-22 1924

ADDRESS

