

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

Do not use this space.

30224

1. PLACE OF DEATH

County Callaway

Registration District No. 104

Township Fulton

Primary Registration District No. 3008

City Fulton (No. _____)

File No. _____

Registered No. 191

St. _____ Ward _____

2. FULL NAME

Emmett Althiser

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

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

Nellie Bell

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

7. AGE

YEARS

MONTHS

DAYS

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

about 39

8. OCCUPATION OF DECEASED

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

(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)

MO

10. NAME OF FATHER

Tom Althiser

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

12. MAIDEN NAME OF MOTHER

not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

14. INFORMANT

(Address)

Mrs. Emmett Althiser
Fulton Mo.

15. FILE

Sept 12, 1929 B. N. Census

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1929 to Sept 12, 1929 that I last saw him alive on Sept 11, 1929, and that death occurred, on the date stated above, at 11 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Intestinal Flu

34
113

CONTRIBUTORY (SECONDARY)

Suppurative Tonsillitis (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? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. S. Hall, M. D.

, 19 _____ (Address) Fulton 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

Evoyer Church

9/13 1929

20. UNDERTAKER

ADDRESS

Hendon Taylor

Fulton 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.

14
29
3
9

1929
11
12

