

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.

72
OCT 24 1929

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

Do not use this space.

31430

1. PLACE OF DEATH

County... *New Madrid*
Township...
City... *Grider* (No.)

Registration District No. *55*
Primary Registration District No. *H033*

File No. *8*
Registered No. *821*
St. Ward)

2. FULL NAME

Dorothy Louise Achter

(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

Female

4. COLOR OR RACE

White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 30 - 1927*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>2</i>	<i>3</i>	<i>19</i>	

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (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) *MO*

10. NAME OF FATHER *Louis Achter*

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

12. MAIDEN NAME OF MOTHER *Lura Hughes*

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

14. INFORMANT *Louis Achter*
(Address) *Grider*

15. FILED *Oct 10 1929* *MV Munn*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9 - 19 1929*

17. I HEREBY CERTIFY That I attended deceased from *9-17* 19*29*, to *9-18* 19*29*, and that I last saw her alive on *9-18* 19*29*, and that death occurred, on the date stated above, at *9-19-1929*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dysentery
136 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) *100* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

5 DID AN OPERATION PRECEDE DEATH? DATE OF

6 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Geo. Fullerton*, M. D.
, 19 (Address) *Grider, 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 *Stamfield* **DATE OF BURIAL** *Sept 19 1929*

20. UNDERTAKER *RB Meentemeyer* **ADDRESS** *Grider*

