

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

Do not use this space.

5984

1. PLACE OF DEATH

County Pike Registration District No. 682

Township _____ Primary Registration District No. 4406

City Ashburn Mo. (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME M. Carson Althuser

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

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

Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20th

....., 1930, to Feb. 14th, 1930,

that I last saw him..... alive on Feb. 14th, 1930, and that

death occurred, on the date stated above, at 10:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. L. Cooper, M. D.

, 19 _____ (Address) Ashburn 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

Ashburn Mo.

DATE OF BURIAL

2-16 1930

20. UNDERTAKER

Frank Haley

ADDRESS

Louisiana, Mo.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Single

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

Oct 13-1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

22

4

2

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)

Ashburn Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

J. H. Althuser

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Calloway Co Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Willie DeLore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Calloway Co Mo

(STATE OR COUNTRY)

14.

INFORMANT

J. H. Althuser

(Address)

Ashburn Mo.

15.

FILED

Feb. 17, 1930

D. R. Pennington
REGISTRAR

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

98 98 1030

