APR 30 1930

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

Do not use this space.

9767

1. PLACE OF DEATH

County: Perry — Registration District No.: 657 — File No.:

Township: ~~Bingham~~ — Primary Registration District No.: 4393 — Registered No.: 12

City: Altenburg (No. ..... St. ..... Ward)

2. FULL NAME Maria Amalia Richter

(a) Residence. No. Altenburg Mo. St., — Ward. —
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. 1 ds. 25 How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29 – 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	1	25	

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) Altenburg, Mo.

PARENTS

10. NAME OF FATHER Christoph Mueller

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Otto M. Richter
(Address) Altenburg Mo

15. FILED 3-24 1930 — E. J. Coppitz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1930, to Mar 22, 1930 that I last saw her alive on Mar 21 – 1930, and that death occurred, on the date stated above, at 9.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rheumatism

(duration) yrs. 0 mos. 10 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Thos. J. Estel, M. D

3/24, 1930 (Address) Altenburg, 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
Altenburg Cemm.	March 25 1930

20. UNDERTAKER	ADDRESS
Zoellner & Young	Perryville, Mo.