

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

Do not use this space.

9025

1. PLACE OF DEATH

114 County Callaway Co
Township Clarksville
City (No. 10)

Registration District No. 105
Primary Registration District No. 5155

File No. 1
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Mr. Moses Altheimer
(a) Residence, No. 100 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
39		<u>11</u>	<u>29</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 335
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Callaway Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER James Hauer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Port no 31

12. MAIDEN NAME OF MOTHER Altheimer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Port no 210

14. INFORMANT D. B. Patterson
(Address) By record

15. FILED 3-4-31 1931 W. H. Williamson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931, to Mar 3, 1931, that I last saw him alive on Mar 2, 1931, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Puerperal fever
_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Child Birth
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 145
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No (1)

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) L. B. Nichols M. D.
, 19 _____ (Address) Chilcote

*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 Benshies Cemetery DATE OF BURIAL 3-4-31

20. UNDERTAKER Best Baker ADDRESS Americus

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 21 1931

