

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

Do not use this space.

9402

1. PLACE OF DEATH
 36 County Franklin Registration District No. 292
 3 Township Primary Registration District No. 4176
 6 City New Haven (No., St. Ward)

2. FULL NAME Kate F. Altheide
 (a) Residence, No. New Haven, 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 66 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 John P. Altheide
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
66 1 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 245
 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo.

FATHER
 13. NAME David Ernst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 11

MOTHER
 15. MAIDEN NAME Friederika Barringer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John P. Altheide New Haven Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Haven Cemetery DATE Mar. 11 - 1931

19. UNDERTAKER (ADDRESS) F. H. Otto New Haven Mo

20. FILED 3/10 1931 J. Sheble Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9 1931
 22. 3-6 I HEREBY CERTIFY, That I attended deceased from 3-9 1931 to 3-9 1931
 I last saw her alive on 3-9 1931 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset 3/6/31
SVA
J. J. A.
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Plumit Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury D

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) W. T. Cumbick, M. D.
 (Address) New Haven, Mo.

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

