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.

JAN 9 1933

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

Do not use this space.

35331

1. PLACE OF DEATH
36 County Franklin — Registration District No. 297 — File No.
8 Township Wash — Primary Registration District No. 2016 — Registered No. 98
7 City Washington (No. ..... St. ..... Ward)

2. FULL NAME Marian Lena Altemeyer
(a) Residence, No. 804 9th St., St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 11 mos. 5 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 16th, 1929
7. AGE: YEARS 2 — MONTHS 11 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Missouri

FATHER
13. NAME Fritz Altemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gerald R.F.D. Missouri

MOTHER
15. MAIDEN NAME Emma Grunicker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Missouri

17. INFORMANT (ADDRESS) Fritz Altemeyer Washington, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Evangelical Cemetery DATE Nov. 23rd 1932
19. UNDERTAKER (ADDRESS) Nieburg & Vitt Inc. Washington, Missouri
20. FILED Nov. 21 1932 O. L. Munch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 21, 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1932, to Nov 21, 1932
I last saw her alive on Nov 21, 1932. Death is said to have occurred on the date stated above, at 4:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive Burns	
Tub of Hot water poured over her accidentally	
Other contributory causes of importance: X Shock	15

Name of operation X 181 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 21, 1932
Where did injury occur? At Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At home
Manner of injury Tub of boiling water falling
Nature of injury On her

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X
(Signed) O. L. Munch, M. D.
(Address) Washington Mo