

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

Do not use this space.

36546

1. PLACE OF DEATH
 County Newton Registration District No. 615-
 Township Marion Primary Registration District No. 258
 City Diamond No. 1000 St. W. Chapman Ward) 23

2. FULL NAME Marion Evans (nee) Alterson
 (a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode) _____
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Edith Alterson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 - 1886</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>10</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>	
	10. Date 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) <u>Mo</u>		
MOTHER	13. NAME <u>Franz Alterson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
	15. MAIDEN NAME <u>No record</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
17. INFORMANT (ADDRESS) <u>Mr. M. E. Alterson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's</u> DATE <u>11-16-32</u>		
19. UNDERTAKER (ADDRESS) <u>W. Chapman</u>		
20. FILED <u>Nov 17 1932</u> U.S. Chapman Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1932, to Nov. 15, 1932. I last saw him alive on Nov. 14, 1932. Death is said to have occurred on the date stated above, at 2450 m. The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
100/108
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? none 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 _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. F. Chatham, M. D.
 (Address) Diamond Mo.

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.

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

