

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.

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

Do not use this space.

41225

1. PLACE OF DEATH
88 County Randolph Registration District No. 735
6 Township _____ Primary Registration District No. 3034
8 City Moberly (No. 703 W. Rollins)
2. FULL NAME Evelena Altenbach
(a) Residence, No. 703 W. Rollins 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 Louis F. Altenbach
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 - 1875
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Mo. 1

13. NAME John S. Broadwater

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 2

15. MAIDEN NAME Margaret Trimball

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

17. INFORMANT Louis F. Altenbach
(ADDRESS) Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo. DATE Dec. 9th 1932

19. UNDERTAKER Mahon and Son
(ADDRESS) Moberly Mo.

20. FILED 12/8 1932 Thos. S. Fleming
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10 1931 to December 7 1932

I last saw her alive on December 6 1932 Death is said

to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of the Cervix

Date of onset
Jan. 1931

Other contributory causes of importance: ①

Name of operation none Date of _____

What test confirmed diagnosis? microscopic Was there an autopsy? _____

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) Thos. S. Fleming M. D.

(Address) Moberly Mo.

