

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

Do not use this space.

25745

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. 2602 Faraon St.

File No.

Registered No. 816

St. _____ Ward _____

2. FULL NAME

Ulysses Grant Althouse

(a) Residence, No. 2602 Faraon St.
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Maud S. Althouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 30, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>1</u>	<u>14</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Gen. Agent,</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Life Insurance.</u>
	10. Date deceased last worked at this occupation (month and year)	<u>Aug, 1933</u>
	11. Total time (years) spent in this occupation	<u>6 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) Shenandoah,
(STATE OR COUNTRY) Iowa.

13. NAME John Althouse

14. BIRTHPLACE (CITY OR TOWN) Unknown Ill.
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Ellen Hartnett

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Canada.

17. INFORMANT Mrs. Maud S. Althouse
(ADDRESS) 2602 Faraon St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cameron, Missouri DATE Aug, 16, 1933

19. UNDERTAKER Walter Meierhoffer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILER John M. Bender
AUG 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 14, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1933 to Aug. 14, 1933

I last saw him alive on Aug. 13, 1933. Death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion 8-13-33
9-1-33
9-4-33
9-14-33
Angina pectoris Aug. 1, 1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) N. S. Conrad, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, 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

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-19-2010 BY 60322 UCBAW/SJS

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