

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.

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. Missouri, Methodist Hospital)File No. 12002Registered No. 481

St. _____ Ward _____

2. FULL NAME Ida Frances Althouse(a) Residence, No. 1028 Doniphan Ave. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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 Guy Althouse6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 15, 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>29</u>	<u>2</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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

12. BIRTHPLACE (CITY OR TOWN) Lathrop
(STATE OR COUNTRY) Missouri13. NAME Charles Tilman14. BIRTHPLACE (CITY OR TOWN) Little Rock
(STATE OR COUNTRY) Arkansas15. MAIDEN NAME Florence Parvin16. BIRTHPLACE (CITY OR TOWN) Tourney
(STATE OR COUNTRY) Missouri17. INFORMANT Guy Althouse
(ADDRESS) 1028 Doniphan Ave. St. Joseph Mo.18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem.PLACE St. Joseph Mo. DATE April 25, 193419. UNDERTAKER H. O. Sidenfaden
(ADDRESS) St. Joseph Missouri20. FILED 4-24, 1934 John A. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 193422. I HEREBY CERTIFY, That I viewed remainApril 2, 1934, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:10 P.m.

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

My heart (suicidal) Date of onset

Other contributory causes of importance:

no factsName of operation none 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? suicide 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.

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) Frank Thomas, M. D.(Address) 721 Jackson

