

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.

APR 7 1935

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

Do not use this space.

1. PLACE OF DEATH

County Franklin  
Township St. Johns  
City (No. , ..... Ward)

Registration District No. 297  
Primary Registration District No. 5414

File No. 8718  
Registered No. 32

2. FULL NAME Amanda Wilhelmina Althage

(a) Residence, No. 2 miles east of Washington, Mo. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis H. Althage</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 23, 1884</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>3</u>	DAYS <u>14</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>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</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) Washington, Missouri  
(STATE OR COUNTRY)

13. NAME John Frederick Plessner

14. BIRTHPLACE (CITY OR TOWN) Leslie, Missouri  
(STATE OR COUNTRY)

15. MAIDEN NAME Charlotte Bolte

16. BIRTHPLACE (CITY OR TOWN) Clover Bottom, Missouri  
(STATE OR COUNTRY)

17. INFORMANT Louis H. Althage  
(ADDRESS) R. 2, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery, Washington, Mo. DATE Mar. 10, 1935

19. UNDERTAKER Otto & Co.  
(ADDRESS) Washington, Mo.

20. FILED March 8 - 1935 H. A. May  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1935, to March 7, 1935  
I last saw her alive on March 7, 1935. Death is said to have occurred on the date stated above, at 9:10 a.m.

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

Diabetes mellitus  
59  
Date of onset Dec 1, 1932

Name of operation no Date of .....  
What test confirmed diagnosis? urine test 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) J. W. Maujean, M. D.  
(Address) Washington, Mo.

