

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

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.

JAN 26 1934
137

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

Do not use this space.

35831

1. PLACE OF DEATH
County Caldwell Registration District No. 99
Township Grant Primary Registration District No. 4061
City Palo Alto (No. St. Ward)
2. FULL NAME Louise Catherine Achenbach
(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 65 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles C. Achenbach
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1840
7. AGE YEARS 93 MONTHS 6 DAYS 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Orangeville Penn.
13. NAME Barkley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Bessie Zimmerman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia
17. INFORMANT (ADDRESS) Mrs. Ralph Speer
200 W. 1st St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Palo Alto Cemetery DATE Nov 23 1933
19. UNDERTAKER (ADDRESS) Pepler & Kelsch
1000 N. 1st St.
20. FILED Dec 18 1933 Mrs. Wylie Thompson Registrar

4 MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1933
22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to Nov 22, 1933.
I last saw her alive on Nov 21, 1933. Death is said to have occurred on the date stated above, at 3:40 p. m.
The principal cause of death and related causes of importance were as follows:
Chronic Pyelitis & Pyelonephritis Date of onset
Senility
133A
107A
135A
Other contributory causes of importance:
Pneumonia Nov. 21/33
Name of operation Date of
What test confirmed diagnosis? 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) L. E. Goldberg, M. D.
(Address) Palo Alto, Mo.

