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

Do not use this space.

35024

1. PLACE OF DEATH [illegible]

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10172

City ..... (No. Missouri Baptist San St. ..... Ward)

2. FULL NAME Kattie Santhuff

(a) Residence. No. Ellington Mo. St., 12 Ward. Ellington Mo
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE About 50 YEARS MONTHS ✓ DAYS ✓ If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home 78

(b) General nature of industry, business, or establishment in which employed (or employer) 87

(c) Name of employer 153

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

PARENTS

10. NAME OF FATHER Wm Santhuff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Holland

12. MAIDEN NAME OF MOTHER Kathrine Chapmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Holland

14. INFORMANT J. T. Santhuff
(Address) 2642a Lafayette

15. FILED OV 14 1927 Mar C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 12 1927

17. I HEREBY CERTIFY, That I attended deceased from 8-14, 1927, to 11-12, 1927 that I last saw her alive on 11-12, 1927, and that death occurred, on the date stated above, at 9 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post Encephalitic Parkinson Syndrome (duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY) Inanition & Decubitus (duration) yrs. mos. ds.

B 703

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Ellington Mo

O DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical finding

(Signed) P J Farmer, M. D

, 19 (Address) Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Annapolis Mo. DATE OF BURIAL Nov 16 1927

20. UNDERTAKER Philander Craig Washington ADDRESS 14.68

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.