Y 29 1928

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

Do not use this space.

12149
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29

1. PLACE OF DEATH

County: Andrew — Registration District No.: 13 — File No.: 8

Township: — Primary Registration District No.: 4010 — Registered No.: 29

City: Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME: Barbara Sautter,

(a) Residence. No. (Usual place of abode) St., Ward. Doty, Washington, (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 28 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*): Married,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Barney G. Sautter,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 3, 1865

7. AGE: Years 62 | Months 5 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Unknown,

(STATE OR COUNTRY): Germany,

PARENTS

10. NAME OF FATHER: Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown,

(STATE OR COUNTRY): Germany,

12. MAIDEN NAME OF MOTHER: Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown,

(STATE OR COUNTRY): Germany,

14. INFORMANT: B. F. Sautter

(Address): Butte, Montana,

15. Apr 13 28 FILED, 19 ... C. O. Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1928, to April 8, 1928, that I last saw h. alive on April 8, 1928 and that death occurred, on the date stated above, at 8 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis 938

Acute 1308

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Acute enteritis

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

4/8 (Signed) E. Nichols, M. D.

, 19 28 (Address) Savannah Mo

*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: Cedar Falls, Washington,

DATE OF BURIAL: Apr. 16 1928

20. UNDERTAKER: J. A. Bowman

ADDRESS: Savannah, 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.