EC 29 1928

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

Do not use this space.

37638

1. PLACE OF DEATH
County Moniton
Township
City California (No. ..... St. ..... Ward)
Registration District No. 571
Primary Registration District No. 4335
File No.
Registered No. 58

2. FULL NAME Anna Elizabeth Mutti
(a) Residence. No. ..... St., ... Ward. .....
(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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	10	21	

8. OCCUPATION OF DECEASED 928
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Beutler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switz
12. MAIDEN NAME OF MOTHER Hendren
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switz.

14. INFORMANT Emma Mutti
(Address) California

15. FILED Nov 10 1928 Jas W Roth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9. 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1928, to Nov 9th, 1928 that I last saw her alive on Nov 8th, 1928, and that death occurred, on the date stated above, at 8 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Obstruction

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. P. Bausch Jr., M.D.
11/10, 1928 (Address) California, 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: Rockhill cemetery
DATE OF BURIAL: 11-11 1928

20. UNDERTAKER: J W Wilson & Son
ADDRESS: California

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.