MAR 21 1929

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

Do not use this space.
5686

1. PLACE OF DEATH
County: Callaway
Township:
City: Fulton (No. ..., ... St. ... Ward)
Registration District No. 104
Primary Registration District No. 3008
File No.
Registered No. 46

2. FULL NAME: Mrs. Minnie Sartor

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/1 1848

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
80	2	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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) Gr.

PARENTS
10. NAME OF FATHER Louis Christ
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Gr.
12. MAIDEN NAME OF MOTHER Sophie Pipher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Gr,

14. INFORMANT Charles Sartor
(Address) Fulton Mo.

15. FILED Feb. 14, 1929. R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13, 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to Feb. 12, 1929, that I last saw her alive on Feb. 12, 1929, and that death occurred, on the date stated above, at 7 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis and other Complications
Ill 10 yrs (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Nervousness
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at Place of Death
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. U. Wenger D.O. M.D
, 19 (Address) Fulton 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: Hillcrest Cemetry
DATE OF BURIAL: 2/15 1929

20. UNDERTAKER: Herndon Taylor
ADDRESS: Fulton

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.

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