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.

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

Do not use this space.

26712

1. PLACE OF DEATH

61 County Macon — Registration District No. 531 — File No.

Township West Valley — Primary Registration District No. 5722 B. — Registered No.

City (No. St. Ward)

2. FULL NAME John Martin Sauther

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

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: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 18 1843

7. AGE: YEARS 89 — MONTHS 0 — DAYS 3 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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): Carolina 2

FATHER

13. NAME John Martin Sauther
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carolina

MOTHER

15. MAIDEN NAME Lucinda Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carolina

17. INFORMANT (ADDRESS): John Sauther Jr Ethel Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: White Oak Center Aug 21 1932

19. UNDERTAKER (ADDRESS): Hayama Ethel Mo

20. FILED 10/10 1932 J. A. Shackett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1932, to Aug 20 1932

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Nephritis

132A / 32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Albumin 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?

If so, specify

(Signed) W N Gooch, M. D.

(Address) Elmer Mo