Marshall

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

Do not use this space.

File No. 42827

Registered No. 110

1. PLACE OF DEATH

County: Scott (100)

Township: Sprunger

City: (Incorporated) (No. ..... St. ..... Ward)

Registration District No. 818

Primary Registration District No. 5762

2. FULL NAME: Paul William Sauda

(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: M

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): January 16 1917

7. AGE: Years 15 | Months 10 | Days 21 | 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): Charleston,
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Tom Sauda

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Lebanon 2,
(STATE OR COUNTRY): Tenn.

12. MAIDEN NAME OF MOTHER: Murial Leach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Vedrell,
(STATE OR COUNTRY): Ark.

14. INFORMANT: Tom Sauda
(Address): Charleston Mo RFD #2

15. FILED: Dec 7th 1932 F. S. Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH 10:14 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-7 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 17th 1932, to Dec 7th 1932, that I last saw h. alive on Nov 17th 1932, and that death occurred, on the date stated above, at 10.14 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pyemia

36

36 (duration) ..... yrs. 11 mos. ..... ds.

CONTRIBUTORY (SECONDARY)

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: (1)

IF NOT AT PLACE OF DEATH: —

DID AN OPERATION PRECEDE DEATH? yes DATE OF 5 Operations

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. H. Marshall, M. D.

Dec 8th 1932 (Address) A. H. Marshall

*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: Oak Grove Cemetery

DATE OF BURIAL: 12/8 1932

20. UNDERTAKER: Lair Und. Co. F. D. Lair

ADDRESS: Charleston 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.

WHITE ENTRIES WITH OR FADING INK—THIS IS A PERMANENT RECORD