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

Do not use this space.

12897

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Franklin

Registration District No. .....

Township .....

Primary Registration District No. .....

City Union (No. ....., ..... St. ..... Ward)

2. FULL NAME Armella May Pautler

(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.

MAY 22 1933

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 26, 1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 3 | 23 | |

8. OCCUPATION OF DECEASED
(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) Union, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Felix P. Pautler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Evansville
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Elsie Kramolowsky

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union, Mo.
(STATE OR COUNTRY)

14. INFORMANT Felix P. Pautler
(Address) Union, Mo.

15. FILED ....., 19..... .....
REGISTRAR

## 2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 19 1933

17. I HEREBY CERTIFY, That I attended deceased from 3/26/33, 19..., to 4/19, 1933 that I last saw h. alive on 4/19/, 1933, and that death occurred, on the date stated above, at 10:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Rheumatic Fever
11 Wk
Chr
(duration) ..... yrs. mos. 2 5 ds.

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

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) John C. Marshall, M. D
, 19 (Address)

*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 Immaculate Conception Cemetary Union, Mo.

DATE OF BURIAL Apr. 21, 33

20. UNDERTAKER Union Furn. Co.
By Wm. J. Hare

ADDRESS Union, 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.

WRITE PLAINLY WITH INDIAN INK—THIS IS A PERMANENT RECORD