

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

Do not use this space.

25997

1. PLACE OF DEATH

County Call
Township Marengo
City Russellville (No. _____) St. _____ Ward _____

Registration District No. 214
Primary Registration District No. 5294

File No. _____
Registered No. 19

2. FULL NAME

Barbara Margarete Hutcheider
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nick Hutcheider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1959

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.
73 8 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Solman, Mo.

13. NAME Eduard Kautsch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Thar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John Hutcheider

18. BURIAL, CREMATION, OR REMOVAL Russellville Luth. Ch. 8-23-33

19. UNDERTAKER (ADDRESS) Hebert Schubert

20. FILED Aug 24 1933 Mrs H. L. Embler, Sec. Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1933 to Aug 22 1933
I last saw her alive on Aug 20 1933 Death is said to have occurred on the date stated above, at 7:40 p.m.

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

Chronic Valvular Heart Disease Date of onset 1930

Other contributory causes of importance 920

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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. L. Leuling, M. D.

(Address) Russellville 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.

SEP 26 1933

