

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

Do not use this space.

JAN 26 1934

1. PLACE OF DEATH

County New Madrid
Township Cross
City (No. _____) _____

Registration District No. 289605
Primary Registration District No. 4359

File No. 33851 A
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Flora Laverie Sautie

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Single

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

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
2	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) at home 11. Total time (years) spent in this occupation child

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Co. near Madison, Mo.

MOTHER FATHER
13. NAME Paul Louis Sautie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paragould, Ark.

15. MAIDEN NAME Stella May Adkison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Mo.

17. INFORMANT Paul Sautie
(ADDRESS) Madison Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 1-4 1934 Dr. Geo. Huetis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1933, to Oct 31, 1933

I last saw her alive on Oct 31, 1933. Death is said to have occurred on the date stated above, at 10:25 pm.

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

Laryngeal Diphtheria Date of onset 10/30/33

Other contributory causes of importance: 10

Name of operation none Date of _____
What test confirmed diagnosis clinical Was there an autopsy? no

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? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) D. E. Geph, M. D.

(Address) Madison, Mo

This certificate is to be filled out in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

... should be as EXACTLY. PHYSICIANS should
... be properly classified. Exact statement of OCCUPATION is very important

THE SMALL NOT RE...

... FATHER

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County New Madrid Registration District No. 605
 Township Corrue Primary Registration District No. 3804
 City St. Louis No. _____ St. _____ Ward _____

File No. 338511
 Registered No. _____

2. FULL NAME Flora Lavern Santie
 (a) Residence, No. _____ St. _____ Ward _____
 (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29, 1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden Cem.</u> DATE <u>Nov. 2</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Dr. Gowling</u>		
20. FILED 19 <u>31</u> <u>Dr. Gowling</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

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

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

Date of onset _____

Other contributory causes of importance:

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1 15

S-33751 A