

MAY 22 1936

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

Do not use this space.

15840

1. PLACE OF DEATH

County LaverneRegistration District No. 468

File No.

Township

Primary Registration District No. 4281Registered No. 20City Merisville (No.) St. Ward)

2. FULL NAME

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

John N. Sauter

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

Sept 14 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7374

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

Housewife

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)

Tennessee

13. NAME

Alexander Gibson

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

Tennessee

15. MAIDEN NAME

Petty Rowe

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

Tennessee

17. INFORMANT (ADDRESS)

Mr. J. N. Sauter
Merisville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Merisville DATE 4-19-36

19. UNDERTAKER (ADDRESS)

Dr. J. N. Sauter
Merisville

20. FILED

May 10 1936Roma O. Cannady

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1936

22. I HEREBY CERTIFY, That I attended deceased from

April 13 1936 to April 14 1936I last saw him alive on April 17 1936. Death is saidto have occurred on the date stated above, at 1309.

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

cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy 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?

(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? no

If so, specify

(Signed) F. W. Lester, M. D.(Address) Merisville, 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.

DEC 12 1941