

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Marion*

Township

City *Marceline* (No. _____)Registration District No. *502*Primary Registration District No. *4305*File No. *27697*Registered No. *37*2. FULL NAME *Mrs Minnie Sauter*

(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 *34* yrs. mos. _____How long in U. S., if of foreign birth *3* yrs. mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 9 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 8 11

OCCUPATION
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. *at home*
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) *Marcellis France*13. NAME *Dominic Trannote*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy*15. MAIDEN NAME *Lucille Sauter*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy*17. INFORMANT (ADDRESS) *Mrs Maggie Reolini*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Olivet* DATE *July 31 1937*19. UNDERTAKER (ADDRESS) *James M. ...*20. FILED *8/11* 19 *37* *Oliver L. Bassett* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29 1937*22. I HEREBY CERTIFY, That I attended deceased from *March* 19 *37*, to *May* 19 *37*I last saw *her* alive on *May 17* 19 *37*. Death is saidto have occurred on the date stated above, at *12:05 a.m.*

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

Carcinoma of stomach
primary

Date of onset

*2*Other contributory causes of importance: *No*Name of operation *none* Date of _____What test confirmed diagnosis *chem. & X* 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) *J. B. Dufman* M. D.(Address) *Marceline 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.

