

REC'D MAR 17 1939

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

Do not use this space.

7069

## 1. PLACE OF DEATH

 51 County Lincoln  
 Township Monroe  
 City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

 Registration District No. 492  
 Primary Registration District No. 5-62-2 A

 File No. 91  
 Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

397 Guss Utte  
 (a) Residence, No. Old Monroe Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

 Length of residence in city or town where death occurred 80 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Utte</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 12 1858</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>3</u>
		DAYS
		<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Retired Farmer</u>		
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) <u>Old Monroe Missouri</u>		
13. NAME <u>Chris Utte</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Fred Utte Old Monroe Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Paul Evangelical</u> DATE <u>Feb 17 1939</u>		
19. UNDERTAKER (ADDRESS) <u>Wayne M. Stacy Troy Mo</u>		
20. FILED <u>2/17 1939</u> <u>H. A. Curtis</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1-18 1939, to 2-15 1939
I last saw him alive on 2-9 1939. Death is saidto have occurred on the date stated above, at 11:00 P. m.

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

myocarditis (chronic)

Date of onset

Other contributory causes of importance:

Arterial Sclerosis at age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physic 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 2

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) H. A. Curtis, M. D.441 (Address) Old Monroe 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.

