

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

Do not use this space.

28564

**1. PLACE OF DEATH**

County Butte Registration District No. 668  
 Township London Collier Primary Registration District No. 3032  
 City Sedalia No. Gen Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 246

**2. FULL NAME**

Carl S. Muttie  
 (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 14 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Mo 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9 = 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>14</u>	<u>8</u>	<u>8</u>	<u>8</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work 2021 31  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monterey Cal Mo

10. NAME OF FATHER Chas S Muttie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monterey Cal Mo

12. MAIDEN NAME OF MOTHER Anna Rohrbach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Monterey Cal Mo

14. INFORMANT Chas S Muttie  
 (Address) Highland Cornhart Hwy RR

15. FILED 8-31-29 J. L. Love REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1929

17. I HEREBY CERTIFY That I attended deceased from Aug 19 to Aug 28, 1929  
 that I last saw him alive on Aug 23, 1929, and that death occurred, on the date stated above, at 10:15 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

St. Bernard's  
Streptococcal infection  
from Bacteriemia  
 (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. E. Smith M. D.  
 (Address) Sedalia Mo

\*STATE THE DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Highland Cornhart Aug 29 1929

20. UNDERTAKER B. J. Carmel ADDRESS 26 Monroe

CAUTION: This form is classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state ACTUALLY.

26122



Name: Carl S. Mutti

Who died at: Sedalia, Missouri on August 23, 1929

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Streptococcus infection from bruised ankle. Was cranking a Fordson Tractor-the handle flew off and struck him on the ankle.

Contributory: For Agricultural purposes

Where was disease contracted? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis?