WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 23 1932

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

Do not use this space.

11837

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 124

Township Hinder — Primary Registration District No. 5177

City Near Millersville (No. ..... St. ..... Ward)

File No. .....

Registered No. 24

2. FULL NAME William F Sauder

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mollie F. Sauder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 4, 1855

7. AGE: Years 76 — Months 11 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Piolit Knob Mo. 1

FATHER

13. NAME: Henry Sauder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Louisa Mache

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

17. INFORMANT (ADDRESS): Louis R. Sauder, Millersville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Stroder Cem Burfordsville Mo DATE: April 3, 1932

19. UNDERTAKER (ADDRESS): Cruratt-Miller, Jackson Mo.

20. FILED: 4-2, 1932 D. G. Sutter, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 1 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931 to Mch 31 - 1932

I last saw him alive on Mch 20, 1932 Death is said to have occurred on the date stated above, at 2 A m.

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

	Date of onset
Chronic Myocarditis	1930
131	
936	
31	
Other contributory causes of importance: Chr Nephritis	1931
1	

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) E. R. Schorn, M. D.

(Address) Jackson Mo