SEP 26 1929

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

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

Do not use this space.

28564

1. PLACE OF DEATH
County Pettis Registration District No. 668 File No.
Township Sedalia Primary Registration District No. 3032 Registered No. 246
City Sedalia (No. Gen Hospital St. Ward)

2. FULL NAME Carl S. Mutti
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	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.
14	8	8	

8. OCCUPATION OF DECEASED 2021 / 31
(a) Trade, profession, or particular kind of work
(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) Moniteau Co Mo

PARENTS
10. NAME OF FATHER Chas. S Mutti
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co Mo
12. MAIDEN NAME OF MOTHER Anna Rohrbach
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co Mo

14. INFORMANT Chas. S Mutti
(Address) Hughesville Mo R.R.

15. FILED 8-31 1929 J.G. 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 1929, to Aug 28 1929, that I last saw him alive on Aug 28 1929, and that death occurred, on the date stated above, at 10 45 A.m.

THE CAUSE OF DEATH* was as follows:
[illegible] Spastic convulsions
Fissure Brain [illegible]
(duration) yrs. mos. 5 ds.

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

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 [illegible], M.D.
, 19 (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 Highland Cemetery DATE OF BURIAL Aug 29 1929

20. UNDERTAKER B. F. Carmen ADDRESS La Monte Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Pettis Registration District No. 668 File No. 2
Township Sedalia Primary Registration District No. 3032 Registered No. 246
City Sedalia (No. ..., ... St. ... Ward)

2. FULL NAME Carl S. Mutti

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	S

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ...
(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)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT ...
(Address)

15. FILED 8-31 19 29 J. L. Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1929

17. I HEREBY CERTIFY, That I attended deceased from ... 19... to ..., 19...
that I last saw h... alive on ..., 19..., and that
death occurred, on the date stated above, at ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcus Infection
from Bruised Ankle
Gangrene of Foot
Operation - Thigh Amputation (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Fell off and struck
him on the ankle (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED 1/8/29
IF NOT AT PLACE OF DEATH ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) ... M. D.
..., 19 (Address)

*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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

W. B.—Every item of information should be carefully supplied. ... should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may ... may be properly classified. Exact statement of OCCUPATION is very important.

... FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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) _____

1877

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?