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

Do not use this space.

4822

File No. 617

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kan — Primary Registration District No. 1002

City Kansas city (No. 6010 Oak St. St. Ward)

2. FULL NAME Laura E Sterling

(a) Residence. No. 6010 oak st 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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Harry A. Sterling

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct-14-1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
48	3	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(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): Omaha Nebraska

PARENTS

10. NAME OF FATHER: Cris Erickson

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT: Harry A. Sterling
(Address) 6010 oak st

15. FILED 2/13, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2 - 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1927, to Feb 12, 1927, that I last saw her alive on Feb 12, 1927, and that death occurred, on the date stated above, at 10 — p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of both Breasts 50

47 118 (duration) 21 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Influenza (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. T. Carl, M. D

2/13, 1927 (Address) 3637 Holmes St

*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: Mt Moriah

DATE OF BURIAL: Feb 14 1927

20. UNDERTAKER: Dr Newcomer's Sons

ADDRESS: K.C. 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.