

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

Do not use this space.

33478

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 3100 Oliver) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4248

**2. FULL NAME**

Joseph A. Sturson  
 (a) Residence No. 3100 Oliver St. 13 Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 30 yrs. 13 mos. 13 ds. How long in U.S., if of foreign birth? 30 yrs. 13 mos. 13 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Estelle Sturson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 1-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63 | 7 | 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Taylor  
 (b) General nature of industry, business, or establishment in which employed (or employer) Self  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Canada

**10. NAME OF FATHER**

Robt. Sturson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Holland

**12. MAIDEN NAME OF MOTHER**

Ely. Lowmy

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Holland

**14.**

INFORMANT Mrs. E. Sturson  
 (Address) 3100 Oliver

**15.**

FILED 11/8-27 M. M. Croome  
 REGISTRAR Over

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-6, 1927, to 11-6, 1927, that I last saw him alive on 11-1, 1927, and that death occurred, on the date stated above, at 5:00 P.M.

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

Acute Regurgitation  
72A  
75090W  
 (duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Acute Dilatation of Heart  
 (duration) 1 hour 1 day

**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? Examination

(Signed) Wm. J. ... M. D.

11/7, 1927 (Address) 405 Waldheim

\*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**

Not known DATE OF BURIAL 11-9 1927

**20. UNDERTAKER**

Whitely & Sons ADDRESS City

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.

