

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

Do not use this space.

9454

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper

Registration District No. 417
Primary Registration District No. 2002

File No. _____
Registered No. 107
St. _____ Ward _____

2. FULL NAME

(a) Residence (Usual place of abode) Joseph Paul Sterling St. _____ Ward _____
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1 - 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 2

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) Jasper
(STATE OR COUNTRY) _____

10. NAME OF FATHER A. Sterling

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

12. MAIDEN NAME OF MOTHER Stevens

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

14. INFORMANT A. Sterling
(Address) Jasper Mo

15. FILED 3/1 1928 Dr. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2-28

17. I HEREBY CERTIFY, That I attended deceased from Felip, 1928, to March 2, 1928 that I last saw alive on March 2, 1928 and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Flu
11B (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 11B (duration) yrs. mos. da.

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) D. H. H. Patton, J. J. Hill M. D.

3/2, 1928 (Address) 407 1/2 main 2. N. W. Hill

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jasper DATE OF BURIAL 3/3 1928

20. UNDERTAKER Hurlbut and Co ADDRESS Jasper 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.

