

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

Do not use this space.

32793

1. PLACE OF DEATH

County Buchanan Registration District No. 10001
Township _____ Primary Registration District No. _____
City St. Joseph (No. Noyes Hospital) St. _____ (Ward) _____

File No. _____
Registered No. 1189

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Sulsa Oklahoma
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 | 7 | 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Davis County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Sterne

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

12. MAIDEN NAME OF MOTHER Mary Boyd

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

14. INFORMANT R. W. Johnston
(Address) 2032 Delaware

15. FILED 17 1928
John G. Jib REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 12, 1928, to Oct 12, 1928, that I last saw him alive on Oct 12, 1928, and that death occurred, on the date stated above, at 3:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch Myocarditis.

93C
CONTRIBUTORY (SECONDARY) POB

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?
10/15 (Signed) N. D. Kearby, M. D.
, 1928 (Address) St Joseph 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 Mt. Auburn DATE OF BURIAL Oct 17 1928

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1208 Francis

WRITE FAIRLY, 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.

20
1928

