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

Do not use this space.

979.

1. PLACE OF DEATH
County Franklin — Registration District No. 294 — File No.
Township — Primary Registration District No. V-409-B — Registered No. 1
City St. Clair Mo (No. ..... St. ..... Ward)

2. FULL NAME Dorris Sterling
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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 (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4. 1928

7. AGE — YEARS: 1 — MONTHS: — DAYS: 2 — 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) St. Clair
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Tom Sterling
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Flory Sterling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Ruth Sterling
(Address) St. Clair Mo

15. FILED Jan. 7, 1929 W. E. Ketchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1928, to Jan. 7, 1929 that I last saw her alive on Jan. 6, 1929, and that death occurred, on the date stated above, at 1-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia.
11A
109A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Flu —
(duration) ..... yrs. ..... mos. ..... 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) W. E. Ketchell, M. D
1/7/, 1929 (Address) St. Clair

*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: Add Fellows Country — DATE OF BURIAL: Jan. 9 1929

20. UNDERTAKER: Casey & Co. — ADDRESS: St. Clair

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.

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