

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

Do not use this space.

25630

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township X Primary Registration District No. 3029
 City Hannibal (No. 2043, Broadway) St. _____ Ward _____

File No. _____
 Registered No. 201
 St. _____ Ward _____

2. FULL NAME

Elizabeth Sterling

(a) Residence, No. 2043 Broadway 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 6 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Illinois

13. NAME Joseph Sterling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Pennsylvania

15. MAIDEN NAME Mrs. Sheria

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Pennsylvania

17. INFORMANT Mrs. Anna Hedrick (Sister)
 (ADDRESS) 2043 Broadway Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE July 18, 1931

19. UNDERTAKER Wm. M. Smith
 (ADDRESS) 902 Bldg. Hannibal, Mo.

20. FILED July 17, 1931 O. Clousier
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1931

22. I HEREBY CERTIFY, That I attended deceased from June 10 1931, to June 10 1931.
 I last saw him alive on June 10 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Senile degeneration
Always low but like
one time, knew
nothing in general

Other contributory causes of importance:

162
162
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) A. G. Rorley, M. D.

(Address) Hannibal Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

