

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

Do not use this space.

5144

1. PLACE OF DEATH

49 County Jasper Registration District No. 411
 7 Township Joplin Primary Registration District No. 2002
 5 City Joplin (No. 1205, Virginia St. _____ Ward _____)

2. FULL NAME

Clara Emma Sternes
 (a) Residence, No. 1205 Virginia St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harvey Sternes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13, 1892</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>10</u>
	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	
	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 _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Central City, Mo.</u>
	13. NAME <u>George Dial</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Summerfield Evans</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn. 2</u>
17. INFORMANT (ADDRESS) <u>Mrs. Opal Davis</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>Feb 16</u> , 19 <u>32</u>	
19. UNDERTAKER (ADDRESS) <u>Lampkin Mortuary</u>	
20. FILED <u>45-32</u> <u>A Benson Clark</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15th, 1931 to Feb 13th, 1932.
 I last saw her alive on Feb 13th, 1932. Death is said to have occurred on the date stated above, at 10:05 AM.

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

Pulmonary Tuberculosis Date of onset _____

23A
DW

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

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

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) H. L. Welker, M. D.
 (Address) Frisco Bldg. 29

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.

MAR 23 1932

