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

Do not use this space.

15235

1. PLACE OF DEATH
6 County Barton
2 Township City
2 City Lamar (No. ..... St. ..... Ward)

Registration District No. 40
Primary Registration District No. 4024

File No.
Registered No. 21

2. FULL NAME Maria Ann Sturdevant.

(a) Residence. No. ..... 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.

MAR 31 1932

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 8-1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	6	5	

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

9. BIRTHPLACE (CITY OR TOWN) Watseka,
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Spencer Sayre
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 31
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Emma Glixner
(Address) Lamar, Mo.

15. FILED 5/14 1932 A. J. Myrath REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1932

17. I HEREBY CERTIFY, That I attended deceased from May 11th, 1932 to May 13th, 1932 that I last saw h. ... alive on May 13, 1932 and that death occurred, on the date stated above, at 1:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Gastro-Enteritis
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. E. Duckett, M. D.
May 13 1932 (Address) Lamar 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	DATE OF BURIAL
Lake Cemetery	May 15 1932
20. UNDERTAKER C. F. Konantz	ADDRESS Lamar