

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

Do not use this space.

20070

1. PLACE OF DEATH
 59 County Jackson Registration District No. 962
 Township Sampson Primary Registration District No. 5673
 City (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Margaret Ann Sterling
 (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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9 - 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 5 23
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1932
 17. I HEREBY CERTIFY, That I attended deceased from May 27, 1932 to June 2, 1932 that I last saw her alive on June 2, 1932 and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

463 Cancer Stomach
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER John Porterfield
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) 31
 12. MAIDEN NAME OF MOTHER Mary Webb
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

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) H. L. White M. D.
6-4, 1932 (Address) Chillicothe 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.

14. INFORMANT Join Hise (Address) Maryling Mo.
 15. FILED 7-3 1932 H. L. White REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Spring Hill Cem. DATE OF BURIAL 6-3 1932
 20. UNDERTAKER F. B. Norman Chillicothe Mo. ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 23 1932

12

1
6

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

CHICAGO, ILLINOIS

OFFICE OF THE DEAN

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS