

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.

JUL 25 1937

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

Do not use this space.

23719

1. PLACE OF DEATH

3 County Platte
Township Green
City Elizabeth (No. Anderson)

Registration District No. 691
Primary Registration District No. 3977

File No. 64
Registered No. 64
St. Ward

2. FULL NAME

(a) Residence. No. Anderson St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. 1 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 30 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 2 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house keeping
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Morgan Co.
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Sturgis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Seymour
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT Chas. S. Sauer
(Address) Barnden Point Mo.

15. FILED July 14 1937 R. R. Bulch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 - 1937

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to July 10, 1937, that I last saw him alive on July 10, 1937, and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phthisis
13A 23
95B 23 (duration) 2 yrs. 10 mos.

CONTRIBUTORY (SECONDARY) Cardiac hypertrophy
since 1932 (duration) 5 yrs. 10 mos.

18. WHERE WAS DISEASE CONTRIBUTORY? at home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 10

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. R. Bulch, M. D.

, 19 37 (Address) Barnden Point 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

Dearbon Mo. Burial July 14 - 1937

20. UNDERTAKER

ADDRESS

Lewis Davis Dearbon Mo.

