

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

Do not use this space.

31214

1. PLACE OF DEATH

County *Sullivan*
Township *5*
City *Milan* (No. _____)

Registration District No. *852*
Primary Registration District No. *4578*

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

2. FULL NAME

Robert Henry Sterling

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred *16* yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ellen Caldwell Sterling*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 22 1861*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>71</i>	<i>3</i>	<i>10</i>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farmer*
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) *Sullivan Co. Missouri*

FATHER
13. NAME *Wilson Sterling*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

MOTHER
15. MAIDEN NAME *Malinda Ross*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sullivan Co. Missouri*

17. INFORMANT (ADDRESS) *Mrs. R. H. Sterling Milan Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Shatto Cem near Milan* DATE *Sept 3 1932*

19. UNDERTAKER (ADDRESS) *C. A. Schoen Milan Mo.*

20. FILED *9/9 1932* *Raymel Calfel* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 2 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 22 1932* to *Sept 2 1932*
last saw him alive on *Aug 31 1932*. Death is said

to have occurred on the date stated above, at *2:30* a.m.
The principal cause of death and related causes of importance were as follows:

Mitral regurgitation
92A 92A
Other contributory causes of importance: _____

Date of onset
Can not tell

Name of operation *none* 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 _____ 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? *No*
If so, specify _____

(Signed) *R. L. Garner*, M. D.
(Address) *Milan, Mo.*

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.

OCT 30 1932

WRITE PLAINLY, WITH CAPITAL LETTERS

