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.

M E 4

Do not use this space.

1[illegible]585

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

1. PLACE OF DEATH

80 County Pettis — Registration District No. 668 — File No.

4 Township — Primary Registration District No. 3032 — Registered No. 65

City Sedalia (No. 621 W 7 St. Ward)

8 2. FULL NAME Susan F Sterling

(a) Residence, No. 621 W 7 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. L. Sterling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 7 1861

7. AGE: YEARS 71 — MONTHS 2 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER

13. NAME: John Gorrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER

15. MAIDEN NAME: Mary Table
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Robt Sterling, Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: 3/6/33, 19

19. UNDERTAKER (ADDRESS): Gillespie Fund Home, Sedalia Mo

20. FILED: 3-6, 1933 — J. L. Love, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1932, to Mar 4, 1933

I last saw her alive on Mar. 3, 1933. Death is said to have occurred on the date stated above, at 4 a. m.

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

apoplexy — Date of onset Feb. 21 1933

92 B
92 A
97
92 C

Other contributory causes of importance: Endocarditis — arteriosclerosis

Name of operation: Nil — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — 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: Nil

(Signed) Chas [illegible], M. D.

(Address) Sedalia Mo