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

Do not use this space.

22012

File No. 33
Registered No.

1. PLACE OF DEATH
County Scotland
Township
City Memphis (No. St. Ward)
Registration District No. 810
Primary Registration District No. 4488

2. FULL NAME Mary M. Sturgis
(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

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 Joseph Sturgis
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12 1852
7. AGE Years 81 Months 3 Days 13 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Porter Co
(STATE OR COUNTRY) Ind

PARENTS
10. NAME OF FATHER Hiram T. Waits
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Tidball
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT H. T. Dobson - J. W. Sturgis
(Address) Memphis Mo

15. FILED JUN 26 1933 19 [illegible] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1933
17. I HEREBY CERTIFY, That I attended deceased from June 14, 1933, to June 26, 1933 that I last saw her alive on June 25, 1933 and that death occurred, on the date stated above, at 2:20 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency with Chronic Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) —
(duration) yrs. mos. ds.
131
18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? physical
(Signed) M. Baker, M. D
6/26 1933 (Address) Memphis 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 Memphis Cemetary
DATE OF BURIAL June 27 1933
20. UNDERTAKER Geo H. Baskett
ADDRESS Memphis

WRITE PLAINLY WITH [illegible]

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 22 1933