

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 26 1933

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

Do not use this space.
25615

1. PLACE OF DEATH

County Boone
Township Centralia
City Centralia No. _____

Registration District No. 72
Primary Registration District No. 5111

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME Grace Corin Sterrett

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29th 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Boone Mo

FATHER 13. NAME Claude J Sterrett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Mo

MOTHER 15. MAIDEN NAME Nellie Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) C Sterrett Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL St Marys Evr Cem DATE Aug 6 1933

19. UNDERTAKER (ADDRESS) W H McDaniel Centralia

20. FILED 8/5 1933 J. H. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29-1933, to Aug 5-1933.

I last saw her alive on Aug 1-1933. Death is said to have occurred on the date stated above, at 10:30 A. M.

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

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Premature birth.
Premature Child
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ 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? _____ 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? _____
If so, specify _____

(Signed) J. T. Stickeron, M. D.
(Address) Centralia Mo

