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

Do not use this space.

26481

File No. 3219

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kau
City: K.C. Mo (No. 1518 Lydia St. Ward)
Registration District No. 349
Primary Registration District No. 1007

2. FULL NAME: Otis Sturgis
(a) Residence, No. 1518 Lydia 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: Male
4. COLOR OR RACE: Col
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) 7-6-1909

7. AGE: Years 24 Months 2 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
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): Ark

FATHER
13. NAME: Thos J. Sturgis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

MOTHER
15. MAIDEN NAME: Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

17. INFORMANT (ADDRESS): Mrs Ella Brooks 1409 E 16th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mahnegan Ark DATE: 8-13-1933

19. UNDERTAKER (ADDRESS): H.B. Moore 1820 E 18

20. FILED: Aug 11, 1933 M. McCrone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/6/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw him alive on ....., 19..... 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:

	Date of onset
Lymphosarcoma of the Chest	
Hemothorax	

Other contributory causes of importance:

Name of operation: No Date of:
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury: 8/6/33
Where did injury occur? 1516 Lydia Kansas City
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Trauma by firearms
Nature of injury: Gun shot

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ....., M.D.
(Address)

Deputy Coroner
DEFCOR

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.

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

SEP 26 1933