

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

Do not use this space.

35768

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph (No. 821 W. Cliff St.)

Registration District No.....
Primary Registration District No. 1001

File No.....
Registered No. 1933
St. Ward)

2. FULL NAME Selma Renna Sterling

(a) Residence, No. 821 W. Cliff St. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 6 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) St. Joseph Missouri

13. NAME Elmer Sterling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jameison Missouri

15. MAIDEN NAME Ethel Lee Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuitman Arkansas

17. INFORMANT Elmer Sterling (ADDRESS) 821 W. Cliff St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Mora Cem. DATE Nov 24 1933

19. UNDERTAKER Fred D. Clark (ADDRESS) 502 1/2 King Hill Ave

20. FILED NOV 24 1933 J. H. R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 22, 1933

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

I last saw her alive on Nov 22 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Acute Bronchopneumonia
107A

Date of onset Nov 4-33

Other contributory causes of importance:

Malnutrition

Name of operation Date of

What test confirmed diagnosis? Clinical 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) H. C. Robertson M. D.

(Address) 6210 1/2 King Hill Ave

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.

