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

Do not use this space.

40019

JAN 26 1934

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township KAW — Primary Registration District No. 1002 — Registered No. 4817
City KANSAS CITY (No. 1132 WHITE AVE St. Ward)

2. FULL NAME JOHN D. STURGES

(a) Residence, No. 1132 - WHITE 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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~) MRS. ANNA STURGES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-30-1858

7. AGE: YEARS 75 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARPENTER
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) 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

FATHER
13. NAME JAMES STURGES
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

MOTHER
15. MAIDEN NAME CAROLINE GIBBS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

17. INFORMANT MR. SIDNEY A. STURGES (ADDRESS) 1132 - WHITE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE DEC-9 1933

19. UNDERTAKER D.W. NEWCOMERS SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 12-8 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933, to Dec 7, 1937
I last saw him alive on Dec 6. 7, 1933. Death is said to have occurred on the date stated above, at 4:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1929
" myocarditis	1930
131	
92c	
Other contributory causes of importance:	
Hypertension	1930
10	

131

Name of operation no Date of
What test confirmed diagnosis? Physical Just 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?
If so, specify no
(Signed) [signature], M. D.
(Address) Rosedale Ks

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

MARGIN RESERVED FOR BINDING

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.

U. S. No. 2

Dr. C. E. Sanders
1401 Southwest Blvd.
2-5