

SEP 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell Registration District No. 99
Township Grant Primary Registration District No. 4061
City Polo Mo (No. _____) St. _____ Ward _____

File No. 28478

Registered No. _____

2. FULL NAME Marry Millie 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Ohio13. NAME Martin Rhoad14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Marry Whitman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Mrs Mcnary
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Prairie Ridge DATE 8-24 193419. UNDERTAKER Chapman & Cowley
(ADDRESS) Polo Mo20. FILED 15 1934 Mrs Wylie Thompson
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 193422. I HEREBY CERTIFY, That I attended deceased from Aug 9 1934, to Aug 22 1934

I last saw him alive on Aug 22 1934. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary fibrillation Date of onset not known
95 B
97 95 B W

Other contributory causes of importance:

hypertensive Cardiovascular disease with arteriosclerosis not known

Name of operation none Date of _____What test confirmed diagnosis Cholesterol 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) Chapman, M. D.(Address) Polo Mo

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.

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