

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County CapeRegistration District No. 125File No. 15944

Township

Primary Registration District No. 3009Registered No. 139City Cape Girardeau (No. 1)St. St. Francis Hosp.St. 1Ward) 0

2. FULL NAME

Ethel Frances Sturgeon

(a) Residence, No. _____

St. _____

Ward. _____

Tennett, Mo.

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Enoch B. Sturgeon

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

April 15, 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

3460014

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

Housekeeper

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)

Near Evansville

(STATE OR COUNTRY)

Ind.

13. NAME

Jonathan Lincoln

14. BIRTHPLACE (CITY OR TOWN)

Ind.

(STATE OR COUNTRY)

15. MAIDEN NAME

Canada

16. BIRTHPLACE (CITY OR TOWN)

Ind.

(STATE OR COUNTRY)

17. INFORMANT

Enoch Sturgeon

(ADDRESS)

Tennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL

City cem.Place Tennett, Mo.DATE 5/2/37

19. UNDERTAKER

Bisplinghoff & Nobbys

(ADDRESS)

Chaffee, Mo.

20. FILED

4-29-37J. M. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

4/29 1937

22. I HEREBY CERTIFY, That I attended deceased from

5/23 1937 to 4/29 1937I last saw him alive on 4/27 1937 Death is said

to have occurred on the date stated above, at _____ m.

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

HLNeoplasticcolitis(CARCINOMA?)

Other contributory causes of importance:

Date of onset

Name of operation Laparotomy Date of 4/27What test confirmed diagnosis? _____ Was there an autopsy? 37

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. M. Thompson, M. D.(Address) Cape Girardeau

