JUN 25 1937

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

Do not use this space.

21001

1. PLACE OF DEATH
County Phelps — Registration District No. 680 — File No. 8
Township Spring Creek — Primary Registration District No. 5908 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Sterling Lee Gains
(a) Residence, No. ..... 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura McLeod Gains
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19 1869
7. AGE YEARS 68 MONTHS 3 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) May 4/37
11. Total time (years) spent in this occupation Ulk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sacramento Calif

FATHER
13. NAME Eliga Gains
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Not
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) known

17. INFORMANT (ADDRESS) John Gains Bloomington Rose Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Beulah DATE May 17 1937
19. UNDERTAKER (ADDRESS) Tip Neighbors Bloomington Rose
20. FILED June 11 1937 Alpha Capps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937, to May 16, 1937
I last saw him alive on May 12, 1937. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1934 Jan.
Other contributory causes of importance: Bronchio Pneumonia	5/8/37

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) [signature], M. D.
(Address) [illegible]

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.