

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

Do not use this space.

OCT 22 1937

**1. PLACE OF DEATH**

County Monroe  
Township Jackson  
City (No. ....) (No. ....)

Registration District No. 5-82  
Primary Registration District No. 5779

File No. 34824  
Registered No. 43  
St. .... Ward

**2. FULL NAME**

Homer Saterly  
(a) Residence, No. Monroe Co., Infirmary Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) N. K.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937 to Sept 7, 1937  
I last saw him alive on Sept 5, 1937 Death is said to have occurred on the date stated above, at 5 A. M.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
about 60

Myo-Carditis Date of onset Aug

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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. ....

Other contributory causes of importance Arterio-Sclerosis N. K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

13. NAME N. K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

15. MAIDEN NAME N. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

17. INFORMANT (ADDRESS) Infirmary Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Infirmary DATE 9-7-37

19. UNDERTAKER (ADDRESS) none

20. FILED 9-7-37 H. C. Payne Registrar.

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) Geo. M. Rapelle, M. D.  
(Address) Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

