NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Saline
Township Arrow Rock
City Arrow Rock, Mo. (No. ..... St. ..... Ward)

Registration District No. 792
Primary Registration District No. 4473

File No. 38881
Registered No.

2. FULL NAME Sterling Flemming
(a) Residence, No. Arrow Rock, Mo. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1865 Don't K.
7. AGE: 72 YEARS; MONTHS: Don't; DAYS: know; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm Work
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): Unknown Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Dr. Bradshaw Arrow Rock, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Arrow Rock Cem DATE Oct 25 1937
19. UNDERTAKER (ADDRESS): J. L. Sweeney Marshall Mo.
20. FILED Nov 1 1937 C. L. Law Cos. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 23 1937
22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held Inquest Oct. 23, 1937
I last saw h ✓ alive on ✓, 19 ✓ Death is said to have occurred on the date stated above, at about 10 p m. Oct. 22/37
The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance: ✓

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Name of operation: none Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? natural death 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) B. C. Bradshaw, M. D.
(Address) Arrow Rock Mo.
Coroner Saline Co. Mo.

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