Dr. Bedford

AUG 14 1935

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

Do not use this space.

22501

1. PLACE OF DEATH

County: Cole — Registration District No. 213 — File No.

Township: — Primary Registration District No. 3014 — Registered No. 212

City: Jefferson (No. ..., ... St. ... Ward)

2. FULL NAME Mrs. Mary A. Sturm

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: B.H.Sturm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-8-1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	64	5	26	

OCCUPATION

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

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) (STATE OR COUNTRY): Cole County, Missouri

FATHER

13. NAME: John B. Hatting

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Helen Kerperein

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cole County, Mo.

17. INFORMANT (ADDRESS): John B. Sturm, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Peter's Cem. DATE: July-6-1935

19. UNDERTAKER (ADDRESS): Rooke J. Gordon, Jefferson City Mo

20. FILED: 7/6/1935 — Dr. Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935, to July 3, 1935. I last saw her alive on July 3, 1935. Death is said to have occurred on the date stated above, at 12 30 a.m.

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

	Date of onset
Cardiac disease - Chronic - Mitral	

Other contributory causes of importance:

Name of operation: — 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? — 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) Dr Bedford, M. D.

(Address) Jeff. City Mo