

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2618, East 9th Street, 9 St. 9 Ward)

9719

File No. 9719Registered No. 9719

2. FULL NAME

Shelby Jackson Sturgeon

(a) Residence, No. Centralis, Missouri St. 1 Ward. Centralis, Missouri
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1937, to Mar 23, 1937

I last saw him alive on Mar 23, 1937. Death is said to have occurred on the date stated above, at 8:20 a. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 15, 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
95 5 9

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

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

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) Missouri13. NAME Simpson Sturgeon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record15. MAIDEN NAME Sarah Goolsby16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Mrs. Nora Montgomery (Mo. 2618 East 9th Street, Kansas City)18. BURIAL PLACE Centralis, Mo. DATE March 25, 193719. UNDERTAKER (ADDRESS) Stine & McClure 3225 Gillham Plaza20. FILED Mar 24 1937 M. M. Brown Registrar.

Date of onset

Deceased of Kansas
1070

Other contributory causes of importance:
Arterio Sclerosis

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?.....

If so, specify.....

(Signed) U. H. McEwen, M. D.(Address) 5919 Leewood

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

V 591.7 [unclear] + x.
at 10. M.

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by [unclear]

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