

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

32257

Registration District No. 241

Primary Registration District No. 3-30/4147

Registrar's No. 1222

1. PLACE OF DEATH: 2
 (a) County Illinois
 (b) City or town Buffalo
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Illinois
 (c) City or town Buffalo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Baby Sturdevant 363
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

20. DATE OF DEATH Month Still born
 year _____ hour _____ minute _____ M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 9 1939
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Made the delivery 9-4-1939 to _____ 19____;
 that I last saw him alive on Still born _____ 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____
 If less than one day _____ hr. _____ min.

Immediate cause of death Uterine cancer
that probably been dead a week at delivery
 Due to uterine necrosis
Cord around neck 5 times

9. Birthplace Buffalo Illinois
 (City, town, or county) (State or foreign country)

Due to pulled loose from abdomen
neg. mass for
 Other conditions metastasis
 (Include pregnancy within 3 months of death)

10. Usual occupation _____
 11. Industry or business _____
 MOTHER FATHER { 12. Name Wib Sturdevant
 13. Birthplace Buffalo Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Fisher
 15. Birthplace Springfield Illinois
 (City, town, or county) (State or foreign country)

Major findings: Of operations none
 Of autopsy none

16. (a) Informant's own signature Wib Sturdevant
 (b) Address Buffalo Illinois
 17. (a) Buffalo (b) Date thereof 9-4-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Lawn
 18. (a) Signature of funeral director F. B. Jones
 (b) Address Buffalo Illinois

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place) (e) Means of injury _____

23. Signature G. Blum (M. D. _____)
 Address Buffalo Illinois Date signed 9-12-39

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

RECEIVED

District Health Officer No. 7,

District File Number 7-29-1498

Date Filed 10-12-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

--- If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32259

Do not use this space.

1. PLACE OF DEATH

(a) County Dallas Registration District No. 341
(b) Township Buffalo Primary Registration District No. 4147
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1222

2. PRINT FULL NAME Baby Sturdevant

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-4-1899

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9/27 1939 Harvey Morrow Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-39

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

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) G. C. J. Summers M. D.

(Address) Buffalo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-32257