

1939 OCT 19 1939

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

33215  
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 674  
(b) Township Newburg Primary Registration District No. 4402  
(c) City Newburg (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred, yrs. mos. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 16

2. PRINT FULL NAME

Mary Jarrinca Sterling  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF John G. Sterling  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 1846  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
92 9 19

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) Franklin Co Mo.

FATHER 13. NAME Geo. W. Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER 15. MAIDEN NAME Mahalay Thornhill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Wm E Crotchett

18. BURIAL, CREMATION, OR REMOVAL PLACE Newburg DATE Sept 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lee Johnson Newburg

20. FILED Aug 31 1939 B F Sweeney Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Aug 28 1939  
I last saw her alive on Aug 29 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Seriously  
Cordeae collapse  
Other contributory causes of importance:  
No

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) B F Sweeney, M. D.  
Newburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

RECEIVED

District Health Officer No. 5,

District File Number. ~~92229~~ 939241

Date Filed 92239

Signed *Lee Johnson*

Licensed Embalmer No. 3392

P. O. Address *Newberg Mo*

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

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