

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.

Paul Evans, At Terrell, PM

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

Do not use this space.

44898

1. PLACE OF DEATH

County *Texas* Registration District No. *1032*
Township *2* Primary Registration District No. *6144*
City *Atwood Mo.* St. _____ Ward _____

2. FULL NAME

Laura Ellen Sternberg
(a) Residence, No. *West 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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF *Husband of Alex Sternberg*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 12 1871*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>58</i>	<i>5</i>	<i>28</i>	

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

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) *St. Louis Mo*

MOTHER FATHER 13. NAME *Est. Myers*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

15. MAIDEN NAME *Mary Myers*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

17. INFORMANT (ADDRESS) *Harry Mc Carthy*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Marys* DATE *Dec 11 1939*

19. UNDERTAKER (ADDRESS) *Atwood Mo.*

20. FILED *Dec 14 1939 Paul R Evans Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 10 1939*

22. I HEREBY CERTIFY, That I attended deceased from *12-9-1939* to *12-10-1939*

I last saw him alive on *12-10-1939* Death is said to have occurred on the date stated above, at *1 A.* m.

The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset *12-7-39*

Other contributory causes of importance: *Senility*

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? *no.*
If so, specify *Atwood Mo.*

(Signed) *Atwood Mo.* M. D.
1781 (Address) *Atwood Mo.*

RECEIVED

District Health Officer No. 5,

District File Number 14060

Date Filed 10040

John J. Duncan
Matthew Mo.

License 25-16