

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

Do not use this space.

39074

JAN 26 1934

1. PLACE OF DEATH

County Barry Registration District No. 36
 Township Sugar Creek Primary Registration District No. 50.52
 City Sullivan (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 13

2. FULL NAME

(a) Residence, No. _____ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Ellen Satterley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5, 1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>8</u>
	DAYS <u>23</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Soldier</u>	
	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) <u>Mo</u>		
FATHER	13. NAME <u>Oren Satterley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Eaton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Ellen Satterley, Sullivan, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>near Spolan</u> DATE <u>Dec. 25, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>H. Blankenship, Barry, Mo.</u>		
20. FILED <u>12/25, 1933</u> <u>S. R. Osborne, Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28th, 1933, to Dec. 28th, 1933. I last saw him alive on Dec. 28th, 1933. Death is said to have occurred on the date stated above, at 7:45 P. M.. The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 12-28-33
8-2-11

Other contributory causes of importance:
8-2-11

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) Geo. W. Thurne, M. D.
 (Address) Sullivan, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

