

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

Do not use this space.

18372

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Hannas City

Registration District No. ....  
Primary Registration District No. 399  
(No. Trinity Lutheran)

File No. 7 2475  
Registered No. 2475  
St. .... Ward)

**2. FULL NAME**

Joseph J. Stratton  
(a) Residence Braymer Mo. 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. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mittie Stratton  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2nd 1868  
7. AGE about YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 11 16  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Contractor 131  
(b) General nature of industry, business, or establishment in which employed (or employer) Road 95  
(c) Name of employer 100

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
10. NAME OF FATHER Daniel Stratton  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
12. MAIDEN NAME OF MOTHER Elizabeth Bowman  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Edna J. Stratton  
(Address) Braymer Mo.  
15. FILE 6-15-27 M M Crow REGISTRAR  
asst

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 / 1927  
17. 6 I HEREBY CERTIFY That I attended deceased from 27 1927 to 6 1927, and that I last saw him alive on 6-18-27, and that death occurred, on the date stated above at 4:25 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis.  
Chronic Myocardial Hypertension  
CONTRIBUTORY (SECONDARY) 129a

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF BIRTH  
18 DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Canon, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Braymer Mo. DATE OF BURIAL 6/19/27  
20. UNDERTAKER The Freeman Mortuary. ADDRESS 3146 Main St.

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.

