

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

Do not use this space.

**1. PLACE OF DEATH**

County... Lafayette .....

Registration District No. 460 .....

Township.....

Primary Registration District No. 4274 .....

City... Hogginville, Mo. No. ....

File No. 27855  
Registered No. 74  
St. .... Ward)

**2. FULL NAME**

Irene M. Strathmann

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16th 1906

| 7. AGE | YEARS     | MONTHS    | DAYS      | IF LESS than 1 day, hrs. or min. |
|--------|-----------|-----------|-----------|----------------------------------|
|        | <u>21</u> | <u>10</u> | <u>14</u> |                                  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Higginsville, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Otto Strathmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Concordia, Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Caroline Stumpen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Emma, Mo.  
(STATE OR COUNTRY)

14. INFORMANT Harry Strathmann  
(Address) Higginsville, Mo.

15. FILED 10-1-1927 Essie P. Porter  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1927

17. I HEREBY CERTIFY That I attended deceased from Sept 27 1927 to Sept 29 1927 that I last saw h. m. alive on Sept 29 1927, and that death occurred, on the date stated above, at 11 am

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tuberculous pulmonary  
25H  
(duration) 3 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 31  
(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH. No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? It is positive

(Signed) W. E. Kappenberg, M. D.  
Sept 30, 1927 (Address) Higginsville Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Silent Hill City Cemetry DATE OF BURIAL 10/1/27

20. UNDERTAKER astwader ADDRESS Higginsville, Mo.

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.

1927

