FEB 21 1928

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

Do not use this space.

1469

1. PLACE OF DEATH

County Jackson — Registration District No. 403 — File No.

Township Brooklin — Primary Registration District No. 5557 — Registered No.

City Independence (No. ..... St. ..... Ward)

2. FULL NAME William Strick

(a) Residence. No. Route 4 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 13th, 1864

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 2 | 27 | |

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Baden Germany
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) "
(STATE OR COUNTRY) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) "

14. INFORMANT Albert Strick
(Address) Ind Mo R 4 No 5

15. FILED 1-9, 1928 W W Hobbs REGISTRAR
D Allen

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1927, to Jan 9, 1928 that I last saw him alive on Jan 8, 1928 and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108
92A
101A
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Mitral insufficiency with failing compensation (duration) 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C H Allen, M. D

1-9-, 1928 (Address) Independence Mo

*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: Chalk Ridge Cemetery — DATE OF BURIAL: Jan 11 1927

20. UNDERTAKER: Ott and Mitchell — ADDRESS: Indep Mo.

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