

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

Do not use this space.

3823

1. PLACE OF DEATH

County Washington

Registration District No. 886

File No. _____

Township _____

Primary Registration District No. ### 4537

Registered No. _____

City Irondale

(No. _____)

St. _____ Ward _____

2. FULL NAME George Albert Strthers

(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

2. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/14/1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	80	6	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Belvue, Mo

(STATE OR COUNTRY)

10. NAME OF FATHER George Strothers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) dont know

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Roberts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) dont know

(STATE OR COUNTRY)

14. INFORMANT Clara Smith
(Address) Irondale, Mo.

15. FILED 1/28 28 Jan 28 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/25/ 1928

17. I HEREBY CERTIFY That I attended deceased from 1/21 1928 to 1/23 1928 that I last saw him alive on 1/23 1928 and that death occurred, on the date stated above, at 5 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia

CONTRIBUTORY (SECONDARY) 100W (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

1128 (Signed) J. P. Jackson, M. D. , 1928 (Address) Irondale, 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 Bismark DATE OF BURIAL 1/26 1928

20. UNDERTAKER John Boyer ADDRESS Leadwood

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.

MAR 21 1928

