

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Waverly
City Waverly

Registration District No. 495
Primary Registration District No. 5659

File No. 9669-a
Registered No. 5

2. FULL NAME William W. Strother

(a) Residence No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Wm. M. Strother

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 13 - 1850

7. AGE YEARS MONTHS DAYS
77 6 12
If LESS than 1 day, _____ hrs. or _____ min.

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) Ralls Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Reuben Strother

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

12. MAIDEN NAME OF MOTHER Elizabeth J. Glasscock

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

14. INFORMANT Mrs. Wm. M. Strother
(Address) Leflore

15. FILED 5-4, 1928 J. D. Motley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25th 1928

17. I HEREBY CERTIFY, That I attended deceased from March 26th 1928 to March 25th 1928 that I last saw him alive on March 20th 1928, and that death occurred, on the date stated above, at 5³⁰ a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza Heart Complication of acute nature
11 B
CONTRIBUTORY (SECONDARY) 11 B

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:
(Signed) E. J. D. Sinsley, M. D.
(Address) Blanching Ketchum

*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 Louisville Cemetery DATE OF BURIAL 3-26 1928

20. UNDERTAKER Grace Bonkhead ADDRESS Bonding Green

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.

JUL 7

