

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

Do not use this space.

19576

**1. PLACE OF DEATH**

County Scott  
Township Richland  
City Liberton (No. .... St. .... Ward)

Registration District No. 821  
Primary Registration District No. 6070

File No. 44  
Registered No. ....

**2. FULL NAME**

Mary Magdaline Strange

(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 62 yrs. 7 mos. 2 ds. How long in U.S., if of foreign birth? 42 yrs. 7 mos. 2 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED WIDOWED OF William Henry Strange (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 7 2

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work invalid  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Thebes Ill  
(STATE OR COUNTRY) deKalder county

10. NAME OF FATHER Henry Sanford

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

12. MAIDEN NAME OF MOTHER Mary Gillison

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

14. INFORMANT Dr. W. O. Wideman  
(Address) Liberton Mo

15. FILED 6/10/28 Walter E. Davis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1928

17. I HEREBY CERTIFY That I attended deceased from May 8, 1928, to May 8, 1928, that I last saw her... alive on May 8, 1928, and that death occurred, on the date stated above, at... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Fibrosin Bronchitis  
Senility

18. CONTRIBUTORY (SECONDARY) Arthritis Deformans  
(duration) 5 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? no

WHAT TEST CONFIRMED DIAGNOSIS? Cleavel  
(Signed) Thomas E. Mc Clell, M. D.  
, 19 (Address) Liberton. 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 DATE OF BURIAL

Resurrection 5-28-28

20. UNDERTAKER ADDRESS  
John Albritton Liberton 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.

