JUL 25 1928

185

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

Do not use this space.

20963

1. PLACE OF DEATH
County: Jackson
Township: Brooking
City: Raytown Mo (No. ..... St. ..... Ward)

Registration District No. 403
Primary Registration District No. 5537

File No.
Registered No.

2. FULL NAME: Charles Albert Strohm

(a) Residence. No. Ray Town Mo. St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 9 ds. How long in U.S., if of foreign birth? 61 yrs. mos. ds.

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~~ Mary Margaret Strohm

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 12 1861

7. AGE: Years 67 | Months 0 | Days 5 | 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): 0
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Canada

PARENTS
10. NAME OF FATHER: Samuel James Strohm
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Canada
12. MAIDEN NAME OF MOTHER: Emma Powell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Canada

14. INFORMANT: Leroy Strohm
(Address): Raytown, Mo. U.S.A.

15. FILED 6/19 1928 W. W. Stobbs
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June - 18 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1 1928, to June 18 1928, that I last saw him alive on June 18 1928, and that death occurred, on the date stated above, at 2 - P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
7320 9 08
(duration) Years mos. ds.

CONTRIBUTORY (SECONDARY) General inanition
(duration) yrs. 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) J. W. Greene, M. D
6/19, 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: Woods Chapel
DATE OF BURIAL: June 20 1928

20. UNDERTAKER: [illegible]
ADDRESS: Independence 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.