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

Do not use this space.

21997

File No. 6164

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. St. Anthonys Hospital St. Ward)

2. FULL NAME Mrs Anna Strong

(a) Residence. No. 3548 Victor St. St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Geo. E. Strong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17- 1899

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	7	20	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Nova Scotia

PARENTS

10. NAME OF FATHER Hy Bishop

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

12. MAIDEN NAME OF MOTHER Sarah Randall

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

14. INFORMANT Mrs R. P. Murray
(Address) 3548 Victor

15. FILED JUN 8 1928 19 Mary C Starkloff REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/21, 19.28, to 6-7, 19.28 that I last saw b. ER alive on JUNE 6, 19.28 and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
Senility (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Fracture of right femur
fell to the floor at home (duration) ..... yrs. 7 mos. 17 ds.
accident

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 X-ray

(Signed) James L Mudd, M. D
, 19 (Address) 816 University Club Bldg

*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
Walhalla	6/11 19 28
20. UNDERTAKER M. N. Marshall Jr	ADDRESS 604 Union

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.