AUG 21 1928

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

Do not use this space.

23086

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 894

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME John C. Strobel,

(a) Residence. No. St., Ward. Mound City, Missouri.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? 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 Elizabeth Strobel,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
74	2	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer, 96 97
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) New York,

PARENTS

10. NAME OF FATHER Unknown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs. Mary E. Strobel
(Address) Mound City, Missouri.

15. FILED JUL 25 1928, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to July 24, 1928, that I last saw h alive on 19, and that death occurred, on the date stated above, at 11:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rupture of Aneurysm of Internal iliac artery (Rt)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Mound City Mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 23-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Exploratory operation

(Signed) H H Wallace, M. D
7/26, 1928 (Address) 301 N 8 St Joseph 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: Mound City, Missouri,
DATE OF BURIAL: July 26, 1928

20. UNDERTAKER: Heaton B. & Go. & Bowman Funeral Home
ADDRESS: 319 S. 10 St.

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.

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