27 1928

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

Do not use this space.

1. PLACE OF DEATH

County: Newton — Registration District No.: 609 — File No.: 24590

Township: Neosho — Primary Registration District No.: 5808 — Registered No.:

City: (No. St. Ward)

2. FULL NAME Carl Robert Strutt

(a) Residence. No. Neosho Mo RR 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 5 hrs. or 15 min.

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

9. BIRTHPLACE (CITY OR TOWN) Neosho Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Carl A Strutt

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

12. MAIDEN NAME OF MOTHER Goldie Hays

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

14. INFORMANT Carl A Strutt
(Address) Neosho Mo

15. FILED, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1928

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to July 12, 1928 that I last saw him alive on July 12, 1928, and that death occurred, on the date stated above, at 7 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16/10 Shown

(duration) yrs. 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? —

(Signed) R C Lawson, M. D
7/12, 1928 (Address) Neosho 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
Gibson Cemetery	7/13 1928
20. UNDERTAKER	ADDRESS

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Newton — Registration District No.: 609 — File No.: 98
Township: Neosho — Primary Registration District No.: 5808 — Registered No.:
City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Carl Robert Street

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 12 1928

7. AGE — YEARS | MONTHS | DAYS | IF LESS than 1 day, 5 hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Neosho
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Carl Street
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Eddie H ayo
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Atoma
(STATE OR COUNTRY): Kans.

14. INFORMANT: Carl E. Street
(Address): Neosho. Mo.

15. FILED: 7/23 1928 C. E. Manser
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 12 1928

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to July 12, 1928, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 5 hours

..... (duration) ..... yrs. ..... 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?
(Signed) P. C. Lamson, M. D
7/12, 1928 (Address) Neosho. 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: Gibson Cemetery — DATE OF BURIAL: 7/13 1928
20. UNDERTAKER: Bigham — ADDRESS: Neosho

SUPPLEMENTARY

S-24590