

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

Do not use this space.

29860

**1. PLACE OF DEATH**

County Guthrie  
Township Poplar Bluff  
City Poplar Bluff (No. ....)

Registration District No. 89  
Primary Registration District No. 3007

File No. ....  
Registered No. 204  
St. .... Ward)

**2. FULL NAME**

Adolph Augustus Strand

(a) Residence. No. Gulien, Mo. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 - 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
7 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Baby  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER William Strand

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

12. MAIDEN NAME OF MOTHER Letha Bagwell

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

14. INFORMANT William Strand  
(Address) Gulien Mo.

15. FILED Sept 17 28 Dr B J One REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY That I attended deceased from Sept 16, 1928, to Sept 16 9 P.M. 28 that I last saw him alive on Sept 16 1928 and that death occurred, on the date stated above, at 9:10 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

38 5 5  
Tuberculosis  
(duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? 0  
DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? 9/17/28

(Signed) W. F. Brandon M. D.  
(Address) Poplar Bluff  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, give (1) MANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. No

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hillis - near Proseley, Mo. DATE OF BURIAL Sept 17, 1928  
20. UNDERTAKER A. W. Greer, Poplar Bluff, Mo. ADDRESS

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.

22 1928

