

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

Do not use this space.

9471

1. PLACE OF DEATH

County..... Barton
Township..... Barton City
City..... (No.) St. Ward)

Registration District No. 93
Primary Registration District No. 5065

File No.
Registered No.

2. FULL NAME

Marion Eugene Strong

(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 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 Hocia Strong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 5 0

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).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Schuyler County
(STATE OR COUNTRY) New York

10. NAME OF FATHER Alastis N. Strong

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

12. MAIDEN NAME OF MOTHER Harriett Cook

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

14. INFORMANT Mrs M. E. Strong
(Address) Liberal, Mo.

15. File No. Mar 4 1929 W P Peck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1929, to Mar 2, 1929 that I last saw him alive on Mar 2, 1929, and that death occurred, on the date stated above, at 12:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

apoplexy

CONTRIBUTORY critical hemorrhage
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? Physical Sign

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. R. Spill, M. D.
, 19 (Address) Liberal 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 Barton City Cemetery DATE OF BURIAL Mar 5 1929

20. UNDERTAKER L. F. Kovanty ADDRESS Liberal

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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