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

Do not use this space. Burk

10323

APR 24 1929

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. 1716 College St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 273

2. FULL NAME James Edward Stracke
(a) Residence. No. 1716 College 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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19-1927

7. AGE: Years 1 | Months 10 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(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) Mo.

PARENTS
10. NAME OF FATHER Ed Stracke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Golda Montgomery
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Ed Stracke
(Address) Springfield Mo.

15. FILED 3-24, 1929 Lon Sharp REGISTRAR
Lon Sharp

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 17, 1929, to Mch 23, 1929 that I last saw him alive on Mch 23, 1929, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza c̄ bilateral
Broncho-pneumonia.
11 Pr
107 Pr (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY)
Cardiac failure (duration) yrs. mos. 1 ds.

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?
(Signed) W. H. Burke, M. D
3-24, 1929 (Address) 214 N. Jefferson.

*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: East Lawn Cemetery
DATE OF BURIAL: Mar 24 1929

20. UNDERTAKER: J. W. Klingner & Co 424 E. Conil St
ADDRESS: Springfield Mo.

Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified.