

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

Do not use this space.

AUG 23 1929

14288-A

1. PLACE OF DEATH

County Douglas  
Township ava  
City ava (No. \_\_\_\_\_)

Registration District No. 272  
Primary Registration District No. 4165

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Viola Marie Strong

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 26 1928</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>9</u>
		DAY
		<u>2</u>
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) \_\_\_\_\_  
(STATE OR COUNTRY) \_\_\_\_\_

PARENTS	10. NAME OF FATHER <u>Wm Strong</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Maudie Henderson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ark</u>

14. INFORMANT Wm Strong  
(Address) ava mo

15. FILED 8/10 1929 BB Sherman  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 17 1929  
17. I HEREBY CERTIFY, That I attended deceased from Apr 17 1929 to Apr 19 1929 that I last saw her alive on Apr 15 1929 and that death occurred, on the date stated above, at 3:00 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchitis acute status  
media  
(duration) yrs. 1 mos. ds.  
CONTRIBUTORY (SECONDARY) Stomach  
(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 Thyroid Dissection  
(Signed) Robt M Norman M. D.  
. 19 (Address) ava 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 Mansfield DATE OF BURIAL Apr 19 1929

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

14288-1

CROSS OF DEATH IS BEING TAKEN BY PROPERTY CLASSIFIED. Exact statement of OCCUPATION necessary. Important.

$$\begin{array}{r}
 1929-4-7 \\
 28-6-22 \\
 \hline
 9 \quad 21
 \end{array}$$

$$\begin{array}{r}
 1929-4-17 \\
 1928-6-26 \\
 \hline
 1929-4-21 \\
 1928-9-21 \\
 \hline
 6-26
 \end{array}$$

**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 Douglas Registration District No. 292 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 4165 Registered No. \_\_\_\_\_  
City awa (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Viola Marie 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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1929

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

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_ that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26-1928

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 10 9

**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 \_\_\_\_\_

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

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

WAS THERE AN AUTOPSY? \_\_\_\_\_

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

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

\_\_\_\_\_, 19\_\_\_\_ (Address)

\*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.

14. INFORMANT \_\_\_\_\_  
(Address) \_\_\_\_\_

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

15. FILED 8/10 1929 EB Harman  
REGISTRAR

20. UNDERTAKER neighbors ADDRESS awa

SUPPLEMENTARY

CAUSE OF DEATH TO BE REPORTED TO LOCAL HEALTH OFFICER BY REGISTERAR. EXACT STATEMENT OF OCCUPATION TO BE REPORTED TO LOCAL HEALTH OFFICER BY REGISTERAR. CERTIFICATE UNTIL THEY ARE COMPLETE AS PER LAW.

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INVENTION

1942

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Name

John G. ...

BY APPOINTMENT OF THE COMMISSIONER OF PATENTS AND TRADEMARKS

Address

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City

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State

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Title

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Date

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Signature

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Witness

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Notary

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