

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

Do not use this space.

30637

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton

Registration District No. 347
Primary Registration District No. 3618

File No.
Registered No. 120
St. Ward)

2. FULL NAME

(a) Residence No. North Washington Ward.

(If nonresident give city or town and State) (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7 1940

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 89 6 26

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

9. BIRTHPLACE (CITY OR TOWN) Gracyn Ind (STATE OR COUNTRY)

10. NAME OF FATHER Wm Streiby

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

12. MAIDEN NAME OF MOTHER Elizabeth Steiby

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

14. INFORMANT Tom Parks (Address) Clinton Mo

15. FILED Sept 3 1929 Dr. E.C. Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from Aug 30/29 to Sept 3 1929, and that I last saw him alive on Sept 3 1929, and that death occurred, on the date stated above, at 11:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

0. cerebral haemorrhage
13/11/29 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bright's disease 12 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? Paralytic + Babinski
(Signed) W.H. Halliday, M. D.
, 19 (Address) Clinton 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 Englewood Cemetery DATE OF BURIAL 9/4 1929
20. UNDERTAKER Spore + Son ADDRESS Clinton Mo.

SEP 25 1929
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.

WRITE IN PLAIN

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