

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.

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

Do not use this space.

31639

## 1. PLACE OF DEATH

County Ralls  
 Township Jasper  
 City William B. Strain (No. \_\_\_\_\_)

Registration District No. 725  
 Primary Registration District No. 5960-C

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

## 2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/7/1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 6 12

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

9. BIRTHPLACE (CITY OR TOWN) Rich. Co.  
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Marcellin Strain

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

12. MAIDEN NAME OF MOTHER E. Toomer

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

14. INFORMANT Mary F. Strain  
 (Address) W. B. Strain

15. FILED Oct 9 1929 J. J. Howard REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
 that I last saw him alive on Sept 19, 1929, and that death occurred, on the date stated above, at 8-11 a.m.

## THE CAUSE OF DEATH WAS AS FOLLOWS:

Heart Failure  
Cardio Vascular Renal Syndrome (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Myocardia 131 (SECONDARY) (duration) 93 D yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? Ill.

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

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

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

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

(Signed) J. J. Howard M. D.

, 1929 (Address) Rich. Co. Ill.

\*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 Salina, Lind  
 DATE OF BURIAL 10/21 1929

20. UNDERTAKER J. J. Howard  
 ADDRESS Center

