

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

Do not use this space.

40673

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Jay Primary Registration District No. _____
City Kansas City (No. 4021) Brooklyn ave St. _____ Ward _____

File No. _____
Registered No. 5418
St. _____ Ward _____

2. FULL NAME

Mrs Ida Van Strubough
(a) Residence. No. 4021 Brooklyn ave Be. 15 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harold Van Strubough

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 29th 1871

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>58</u>	<u>2</u>	<u>8</u>	<u>8</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home 92
(b) General nature of industry, business, or establishment in which employed (or employer) 95
(c) Name of employer 95

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Mite of Dec. 7, 1929, to _____, 19____, that I last saw her alive on Dec. 7, 1929, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation Following Chronic subacute myocarditis & Mitral stenosis
(duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) myocarditis & mitral stenosis (exclusion), (duration) 3 yrs. ____ mos. ____ ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) mo

10. NAME OF FATHER Geo N Steele

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

12. MAIDEN NAME OF MOTHER Elizabeth Smith

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
DO AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) E. M. Hunter, M. D.
17, 1929 (Address) 720 Maple Bldg.

*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. Ship

14. INFORMANT Mrs Frank Welch
(Address) Shrundoak Ia

15. FILED 1/9 29 M. M. Crowe REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Shir
Ground City mo DATE OF BURIAL 9/10 1929

20. UNDERTAKER H. S. Mayberry ADDRESS City mo

X. 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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