

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

Do not use this space.

✓ 3986  
File No. \_\_\_\_\_  
Registered No. 3  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Barry Registration District No. 404  
Township Wheeler Primary Registration District No. 1108  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eula Baker Strange  
(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**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 10 1907</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>7</u>
	DAY <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>House Keeper</u> (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) <u>Mo</u>		
PARENTS	10. NAME OF FATHER <u>W. W. Strange</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	12. MAIDEN NAME OF MOTHER <u>Mary Baker</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
14. INFORMANT <u>W. A. Strange</u> (Address) <u>Wheeler Mo</u>		
15. <u>Mar 10, 1930</u> <u>E. E. Edmondson</u> REGISTERAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1929 to Feb 27 1930  
that I last saw her alive on Sept 27 1929, and that death occurred, on the date stated above, at 2:30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart Cardiac Failure  
139B

(duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Splenitis, oophytis, Pelvic inflammation, Purpural shock  
(duration) 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
Not Known  
NOT AT PLACE OF DEATH. Not Known  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 25, 1930  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
(Signed) A. W. Shaw M.D.  
, 19 \_\_\_\_\_ (Address) Wheeler 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 <u>Rocky Comfort Cem</u>	DATE OF BURIAL <u>Mar. 1 1930</u>
20. UNDERTAKER <u>Togues Undert Co</u>	ADDRESS <u>Wheeler</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 9 9 17 AM '30

