

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

Do not use this space.

8885

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Law Primary Registration District No. L-2 Registered No. 1-234  
 City N.C. Mo. (No. St. Joseph Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wm L Strong  
 (a) Residence. No. 112 Clinton St. 10 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morris Strong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
42 9 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Clerk  
 (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) Mo.

10. NAME OF FATHER Rob Roy Stillwell

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

12. MAIDEN NAME OF MOTHER Fida Murphy

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

14. INFORMANT R.R. Stillwell

(Address) 3526 St John

15. FILED 7/21 19 30 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-21 1930

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1930, to March 21, 1930 that I last saw him alive on March 21, 1930, and that death occurred, on the date stated above, at 11:30 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

acute Distention of Stomach  
12.2.30  
11:30

(duration) 5 yrs. 0 mos. 0 ds.

CONTRIBUTORY Hernia operation (SECONDARY)

(duration) 5 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 10-30

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Chymol

(Signed) G. A. H. Huser M. D.

3/21 19 30 (Address) 529 Rialto 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 3-22-1930

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

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.

2-3  
1-1  
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829 Rialto Bldg. Vi 8426  
807 W. 63rd Hi 3234