

APR 30 1930

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

Do not use this space.

11343

1. PLACE OF DEATH

County Shannon
Township Alley
City (No.)

Registration District No. 824
Primary Registration District No. 6289

File No.
Registered No.
St. Ward

2. FULL NAME

Annanda Strain

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE H 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 26-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 16

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Thief

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

Mo

10. NAME OF FATHER Benny Hillkins

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

12. MAIDEN NAME OF MOTHER Jack

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

14. INFORMANT Frank Strain
(Address) Angelina Mo

15. FILED 3-12, 1930 Frank Hyde Mo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-22-1930

17. I HEREBY CERTIFY, That I attended deceased from Mar-8-1930, to Mar-12-1930, that I last saw him alive on Mar-8-1930, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia11A109A

(duration) yrs. mos. da.

CONTRIBUTORY Influenza
(SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Hyde Mo, M. D.3-12, 1930 (Address) Frank Hyde 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

DATE OF BURIAL

Mostow Cemetery 3-13-1930

20. UNDERTAKER

ADDRESS

None

Every item of information 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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