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.

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

Do not use this space.

14012

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 003

City St. Louis (No. City Hospital St. ..... Ward)

File No. 3825

Registered No. .....

2. FULL NAME 19700 Lafayette Strickland

(a) Residence. No. 1434 N 16 St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 48 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 (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Strickland

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 8 1881

7. AGE: Years 48 | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

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

15 2

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

1

PARENTS

10. NAME OF FATHER: Seth Strickland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mary Bryant
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Hospital Information
(Address): City Hospital

15. FILED ..... 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 1 1930

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1930 to April 1, 1930 that I last saw him alive on April 1, 1930 and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis with Hypertension

97

102 (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1434 No. 16th

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) Benj Margulois M.D.

4/1, 1930 (Address) City Hospital

*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: St Matthews
DATE OF BURIAL: 4-3 1930

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

Strickland