

SEP 24 1930

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

Do not use this space.

26285

1. PLACE OF DEATH

County DeKalb Registration District No. 258
Township Washington Primary Registration District No. 5360A
City Clarksdale (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME

Charles Edward Straub

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorilla Straub

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-25-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. or _____min.
66 6 25

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER John Straub

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

12. MAIDEN NAME OF MOTHER Mary Straub

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

14. INFORMANT Robert Stanton
(Address) Clarksdale, Mo.

15. FILED Aug 22, 1930 C. M. Lewis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-20-1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1930, to Aug. 13, 1930, that I last saw him alive on Aug. 13, 1930, and that death occurred, on the date stated above, at 3-40 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis Left

CONTRIBUTORY (SECONDARY)

750

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Oscar L. Perkins, M. D.

8/21-1930 (Address) Clarksdale, 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 Thurston Cemetery DATE OF BURIAL Aug 22, 1930

20. UNDERTAKER F. G. Boyd ADDRESS Stewartville Mo

