

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

Do not use this space.

28423

File No. \_\_\_\_\_  
Registered No. **8303**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1002**  
City **St. Louis Mo. Desconess Hosp** (No. \_\_\_\_\_)

**2. FULL NAME** *Effie Strickland*

(a) Residence. No. **3613 So. Broadway** **24** 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 2 - 1892*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*38 2 16*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. *House Wife*  
(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 *Arthur J. Wilson*

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

12. MAIDEN NAME OF MOTHER *Sarah Herdagon*

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

14. INFORMANT *Bertie Noath*  
(Address) *1924 Winnebago St.*

15. FILED **AUG 20 1930** *May C. Parkley* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug. 18 - 1930.*

17. I HEREBY CERTIFY, That I attended deceased from *10* \_\_\_\_\_, 19*30* to *10* \_\_\_\_\_, 19*30* that I last saw him alive on *19* \_\_\_\_\_, 19*30* and that death occurred, on the date stated above, at *72452* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*120 Pulmonary Obstruction  
930*

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) *Adhesions & Edema*  
*Chronic Bronchitis* (duration) *5* yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. *Business Hospital*  
DID AN OPERATION PRECEDE DEATH? *None*  
WAS THERE AN ACCIDENT? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? *Physical & Chem*  
(Signed) *John J. Smith*, M. D.  
*8/18* 19*30* (Address) *Broadway & Marine*

\*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 *New St. Marcus* DATE OF BURIAL *8-20 1930*

20. UNDERTAKER *Ziegler Bros. 26236 Kueser* ADDRESS \_\_\_\_\_

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.

