

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

Do not use this space.

29794

OCT 29 1930

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Blue

Primary Registration District No. 3019

City Independence (No. Sanitarium)

File No. _____

Registered No. 298

St. _____ Ward) _____

2. FULL NAME William Strong

(a) Residence. No. 1301 Campbell R.C.M. Ward. Sanitarium

INDP

(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 wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 5 18

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

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

10. NAME OF FATHER Ben Strong
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rich Hill
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Nette Diddat
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rich Hill
(STATE OR COUNTRY) Mo.

14. INFORMANT Mr Nette D. Sulwiler
(Address) 914 E 14 St K.C. Mo

15. FILED 9-24-1930 J.D. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/23 1930

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____
that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Fractured Ribs left side
Viz 6th 7th 8th Ribs
Causing pulmonary
hemorrhage
10 M (duration) yrs. mos. ds.
CONTRIBUTORY Which caused
(SECONDARY) death (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED accident occurred at Indep. Rd., Kentucky Ave.

IF NOT AT PLACE OF DEATH _____
1. DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Ch. Examination
(Signed) J. Adams
(Address) Indep. 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 Maple Hill Kansas City, Mo. DATE OF BURIAL Sept 25 1930

20. UNDERTAKER Ott + Mitchell ADDRESS Indep. Mo.

N. B.—Every death certificate is a legal document and should be filled out with care. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. _____
 Township _____ Primary Registration District No. 3019 Registered No. 298
 City Judea (No. _____) St. _____ Ward _____

2. FULL NAME

William Strong
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S.

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.

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 _____

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

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14.

INFORMANT _____
 (Address) _____

15.

FILE Nov 12 19 30 F. Lebock
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/23 1930

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Fractured Ribs, left side by 6th 7th & 8th, penetrating living causing hemorrhage. (duration) _____ yrs. mos. ds.
Accidental Automobile Traumatism, His car collided with truck with trailer of more cars. (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

, 19 (Address) _____

*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 _____

20. UNDERTAKER _____ ADDRESS _____

N. B.—Every death certificate should be carefully checked to see that the cause of death is stated correctly. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATION.

SUPPLEMENTARY

1880

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