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.

5793

1. PLACE OF DEATH U.S.V.H.

County Jackson Registration District No.

Township Kaw Primary Registration District No.

City K.C.Mo. (No. U S Vet Hosp St. Ward)

File No. [illegible]

Registered No. [illegible]

2. FULL NAME Strnad, William James C-None WOE

(a) Residence. No. Munden, Kans. St. Ward. Pvt. Co. L 70th Inf.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	38	6	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer. 237

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Munden, 2
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records.
(Address) U S Vet Hosp

15. FILED 2/23 1931 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1931, to Feb. 23, 1931 that I last saw him alive on Feb. 23, 1931 and that death occurred, on the date stated above, at 2 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis.

131 (duration) Don't know. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis.

(duration) Don't know. yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Don't know.

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical, Lab. X-Ray.

(Signed) W.E. Chambers M.D.
W.E. CHAMBERS, Med. Off. in Charge
2-23-1931 (Address) U.S.V.H. K.C.Mo. By Paul L. Fulmer, OD

*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
Munden Ks	2-23 1931
20. UNDERTAKER	ADDRESS
Freeman Mortuary	Kans

APR 13 1942