

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

Do not use this space.

9049

1. PLACE OF DEATH

County Cape Girardeau
Township _____
City _____ (No. _____)

Registration District No. 125
Primary Registration District No. 3009
409 Good Hope

File No. _____
Registered No. 619
St. _____ Ward _____

2. FULL NAME

Mrs Sajah Strong
(a) Residence. No. 409 Good Hope 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 Female 4. COLOR OR RACE Black 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 54 - - -

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) 23
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Wayne Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Aime McGee

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

14. INFORMANT Mrs Phoebe Miller
(Address) 371 So Frontier

15. FILED 3/7 1931 W.C. Kumpfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1931

17. I HEREBY CERTIFY, That I attended deceased from February 28 1931 to March 5 1931 that I last saw him alive on March 5 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephrositis int
131
131 (duration) 1 yrs. 2 mos. X ds.
CONTRIBUTOR (SECONDARY) Uremic Poisoning
(duration) _____ yrs. _____ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of Death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Heart & urine acid
(Signed) R. P. Dittler M. D.

. 19 (Address) Cape Girardeau 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 Fairmount Cemetery DATE OF BURIAL March 8 1931

20. UNDERTAKER Funeral Home ADDRESS 536 Broadway
Blumenthal-Hawes Home Cape Girardeau Mo

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.

