

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.

MAY 23 1931

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

Do not use this space.

13725

1. PLACE OF DEATH

36 County Franklin Registration District No. 293
 4 Township Pacific Primary Registration District No. 4177
 6 City Pacific (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 22

2. FULL NAME Herman E. Stricker

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Emile Stricker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	72	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5 yrs. 11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Rudolph Stricker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Caroline Druste

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Emile Stricker
 (ADDRESS) Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pacific, Mo. DATE Apr. 4, 31

19. UNDERTAKER John A. Thiebes
 (ADDRESS) Pacific, Mo.

20. FILED Apr 3 - 1931 W. M. Thiebes
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 31

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1931, to Apr 2, 1931

I last saw him alive on Apr 2, 1931. Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

Influenza
acute diffuse nephritis
 Date of onset 3-10-31

Other contributory causes of importance:
acute diffuse nephritis

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) A. K. Mixley, M. D.
 (Address) Pacific, Mo.

