

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

Do not use this space.

25244

1. PLACE OF DEATH

County Jackson Registration District No. 320
Township Kaw Primary Registration District No. 820
City Kansas City (No. 820 Bales Court) St. _____ Ward _____

File No. _____
Registered No. 3205
St. _____ Ward _____

2. FULL NAME Edward J. Strong

(a) Residence, No. 820 Bales Court St. 9 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 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 Mary C. Strong
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 10 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Nebraska

13. NAME William Strong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Not known

15. MAIDEN NAME India Sulford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans Louisiana

17. INFORMANT (ADDRESS) Mary C. Strong 820 Bales Court

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem. DATE 7-30-13

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED July 28 1931 M. M. Clure Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1931, to July 27, 1931

I last saw him alive on 7-27, 1931. Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:

Renal Carcinoma
517 530510
Date of onset Apr. 1929
Other contributory causes of importance: Metastases in Ribs, humerus and Spine Mar. 1931.

Name of operation None Date of _____
What test confirmed diagnosis? Biopsy 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) W. F. Myers, M. D.
(Address) 815 Shuckert Bldg, Kansas City

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.

WHITE TOWN CHAIRING INTERESTS IS A PERMANENT RECORD

As in 2 yrs

VI 5925

2-14-71