

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

Do not use this space.

26107

1. PLACE OF DEATH

County St. Louis
Township Marion
City (No. _____) _____

Registration District No. 795
Primary Registration District No. 6037

File No. _____
Registered No. 162
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Christyfield Mo. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 8 mos. 24 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 8 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cl. Room
(b) General nature of industry, business, or establishment in which employed (or employer) Cl. Room
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Christyfield Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER George Strait

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

12. MAIDEN NAME OF MOTHER Matilda Brooker

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

14. INFORMANT George Strait
(Address) Christyfield Mo.

15. FILED 7/6, 1931 C. G. Barnett M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 4th, 1931, to July 5th, 1931, that I last saw him alive on July 5th, 1931, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

129 Peritonitis
120B
(duration) Two - Three days

CONTRIBUTORY (SECONDARY) Enteritis
(duration) Two - Three days

18. WHERE WAS DISEASE CONTRACTED 120
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS General symptoms
(Signed) J. R. D. Lee, M. D.
. 19 (Address) Christyfield 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 St. Johns Cem. Ellisville Mo DATE OF BURIAL 7-7-1931

20. UNDERTAKER Schaefer U. Co ADDRESS Ballwin 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.

AUG 29 1931

PARENTS

