

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

Do not use this space.

1. PLACE OF DEATH
 County Boone County Registration District No. 238
 Township Lackwood Primary Registration District No. 5324
 City Lackwood (No. St. Ward)

2. FULL NAME Galison Henry Van Strale
 (a) Residence No. St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 34009
 Registered No.
 St. Ward

NOV 24 1931

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 Anna Van Strale

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 7 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer 117
 (b) General nature of industry, business, or establishment in which employed (or employer) 11
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Doreedy Ill
 (STATE OR COUNTRY)

10. NAME OF FATHER Wilhelm Van Strale

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

12. MAIDEN NAME OF MOTHER Barthel Eggenman

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

14. INFORMANT George Van Strale
 (Address) Lackwood Mo

15. FILED 10-20-31 J. C. Wren
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1931, to Oct 15, 1931 (that I last saw him alive on Oct 15, 1931, and that death occurred, on the date stated above, at 3:30 p.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Gastric Ulcer with Hemorrhage
 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) John Mc Dermott, M. D.
 (Address) Lackwood

*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 Lackwood Lutheran Cemetery DATE OF BURIAL Oct 18 1931

20. UNDERTAKER B. L. Hauschild ADDRESS Lackwood

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.

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