WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

NOV 24 1931

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

Do not use this space.

34946

1. PLACE OF DEATH
County Linn Registration District No. 503
Township Parson Creek Primary Registration District No. 3669
City (No. St. Ward)

File No.
Registered No. 52

2. FULL NAME Sallyann Strickler
(a) Residence, No. 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. C. Strickler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24-1864
7. AGE YEARS 67 MONTHS 8 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Linn Co. Missouri

FATHER
13. NAME Henry Brooman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Lucy Ann Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) R C Strickler Meadville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Meadville DATE Oct. 4, 1931
19. UNDERTAKER (ADDRESS) H G Thorne Laclede Mo
20. FILED Oct 2, 1931 E S Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1931
22. I HEREBY CERTIFY, That I attended deceased from June 1931 to Oct 2, 1931
I last saw her alive on Oct 1, 1931 Death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Glosso-Labio-Pharyngeal-Paralysis	1928
81 81A	

Other contributory causes of importance: Unknown

Name of operation none Date of —
What test confirmed diagnosis? Symptoms 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J W Hardy, M. D.
(Address) Summer Mo