

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

Do not use this space.

1. PLACE OF DEATH

County Johnson, Registration District No. 431
 Township Warrensburg, Primary Registration District No. 3023
 City Warrensburg (No. _____) St. _____ Ward _____

File No. 41370
 Registered No. _____

2. FULL NAME Lena May Stratton

(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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 27, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 2 20

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

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) Warrensburg,
 (STATE OR COUNTRY) Mo

13. NAME W. E. Stratton

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

15. MAIDEN NAME Maud Surbaugh

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

17. INFORMANT W. E. Stratton
 (ADDRESS) Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Warrensburg DATE Dec. 18, 1931

19. UNDERTAKER Sweeney-Phillips
 (ADDRESS) Warrensburg, Mo

20. FILED Dec 21, 1931 M. Patterson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19th 1931 to Dec. 16th 1931
 I last saw her alive on Dec. 16th 1931. Death is said to have occurred on the date stated above, at 7-30 P. M.

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

Zyphoid Fever Date of onset 11/15/31

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) D. Hall _____ M. D.
 (Address) Warrensburg, 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.

