

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.

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

Do not use this space.

1244

1. PLACE OF DEATH

County **Jackson** Registration District No. **389**
Township **Kaw** Primary Registration District No. **3002**
City **Kansas City** (No. **7314 Indiana**) St. _____ Ward _____

File No. **202**
Registered No. **202**
St. _____ Ward _____

2. FULL NAME **Harold J. Strack**

(a) Residence, No. **7314 Indiana** St., **16** 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 **Beatrice Strack**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 10, 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
41 10 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Frisco R.R. 45**

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) **Kansas 2**

13. NAME **John Strack**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

15. MAIDEN NAME **Mary Blakely**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill. 2**

17. INFORMANT **Mrs H J Strack**
(ADDRESS) **7314 Indiana**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Washington Cem** DATE **1/25/32** 19.

19. UNDERTAKER **R. V. LINDSEY & SONS**
(ADDRESS) **3811 Broadway**

20. FILED **1/23 1932** **M. M. Cagney**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 22, 1932**

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Arteriosclerosis

Date of onset

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? _____
If so, specify _____

(Signed) **Harold J. Strack**, M. D.
(Address) **Kansas City**

