

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

Do not use this space.

8385

961

1. PLACE OF DEATH

County Jackson Registration District No. 880
 Township Four Primary Registration District No. 51
 City Kansas City (No. 4107, Hyde Park) St. _____ Ward _____

2. FULL NAME

Chas. Wesley Strickland
 (a) Residence, No. Burlington Road, St. X Ward _____ (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 Lucy Elizabeth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28-1856
 7. AGE YEARS 75 MONTHS 2 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington Kun
 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) Cassopolis Michigan

13. NAME Wm. Strickland

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Geo. F. Strickland (ADDRESS) 4107 Hyde Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington DATE Mar. 8 1932

19. UNDERTAKER Clyde Funeral Home (ADDRESS) 1800 Linwood Blvd

20. FILED 3/9 1932 M. M. Crowe Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to March 5 1932

I last saw him alive on March 5 1932 Death is said to have occurred on the date stated above, at 105 m.

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

Carcinoma lip metastatic Carcinoma neck Date of onset 1929
USA 1930
53E 45W

Other contributory causes of importance: (D)

Name of operation Radical neck dissection Date of 1930

What test confirmed diagnosis? Path. Smear 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Harry E. Lapp M. D.

(Address) 1314 Professional Bldg

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.

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