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.

File No. 8523
Registered No. 1104

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City K. C. Mo. (No. 2807 E 8 St. Ward)

2. FULL NAME Samuel S. Strunk
(a) Residence, No. 2807 E 8 St., 9 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 M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha J. Strunk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1856
7. AGE YEARS 75 MONTHS 9 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
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) Pa 2

FATHER
13. NAME Samuel Strunk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 31

17. INFORMANT F. R. Strunk (ADDRESS) 2807-E-8 St., CN,
18. BURIAL, CREMATION, OR REMOVAL
Elmwood Cemetery PLACE Tran DATE 3-16 1932
19. UNDERTAKER Mrs. C. L. Fowler (ADDRESS) 916 Brooklyn Ave,
20. FILED 3/16 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 14, 19..

22. I HEREBY CERTIFY, That I attended deceased from 1-2-, 1931, to 3/14, 1932
I last saw him alive on 2/28, 1932. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset 3/12/32

Bronchial Pneumonia
107A
97
(1)

Other contributory causes of importance
Artero Sclerosis

Name of operation 1070 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) D. R. Russell, M. D.
(Address) 32 31 E 11 St.