

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

Do not use this space.

34589

1. PLACE OF DEATH

County Worth Registration District No. 903
 113 Township Wetchell Primary Registration District No. 6212 File No. _____
 City Worth City (No. _____) St. _____ Registered No. 20 Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unmarried</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rebecca H. Strain</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 8, 1947</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>7</u>
	DAYS <u>22</u>	If LESS than 1 day, hrs. _____ min. _____
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer 1938</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1938</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 1932</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Ind.</u>		
FATHER	13. NAME <u>Levil Strain</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Wm. Brown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Ind.</u>	
17. INFORMANT (ADDRESS) <u>Rebecca H. Strain</u> <u>Worth City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Honey Lodge</u> DATE <u>11/1</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. C. Stumpe</u> <u>Worth City, Mo.</u>		
20. FILED <u>117-1932</u> <u>J. M. Redwood</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 - 1932, to Oct 30 - 1932
 I last saw him... alive on Oct 30 - 1932. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
of bacterial origin
of bacterial origin
 Other contributory causes of importance:
Carcinoma
of stomach

Name of operation none Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none 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) J. K. Phipps _____, M. D.
 (Address) Grant City, Mo.

NOV 29 1932

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.

