

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

Do not use this space.

3992

1. PLACE OF DEATH

County..... Registration District No. 78
 Township..... Primary Registration District No. 2
 City St. Louis Mo (No. City Hospital #2)
 City..... (No.) St. Ward)

File No.....
 Registered No. 957
 St. Ward)

2. FULL NAME

Thomas Strickland
 (a) Residence, No. 2028 Clark St., 22 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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-19-1879</u>		
7. AGE	YEARS	MONTHS
	<u>53</u>	<u>5</u>
		DAYS
		<u>1</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Janitor</u> <u>4</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation. <u>4</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

FATHER 13. NAME Orvis Strickland

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

MOTHER 15. MAIDEN NAME Rena Hancock

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

17. INFORMANT (ADDRESS) h. Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 1/30 1933

19. UNDERTAKER (ADDRESS) A. Russell Smith 2732 Olive

20. FILED JAN 27 1933 May E. Standley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-19-33, 1933, to 1-20-33, 1933

I last saw h. de alive on 1-20-33, 1933 Death is said

to have occurred on the date stated above, at 40 m.

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

Date of onset

Cancer of Stomach (Primary)

Other contributory causes of importance: 40 B

Cancer of Liver (Secondary)

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) C. Smith, M. D.

(Address) City Hospital #2

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.

