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.

OCT 20 1933

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

Do not use this space.

29279

1. PLACE OF DEATH

36 County FRANKLIN — Registration District No. 292 — File No.

Township BOEHF — Primary Registration District No. 5410 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME WILLIAM STRATA

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? 53 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) ~~WIFE~~ OF WIDOWED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR-4-1844

7. AGE: YEARS 89 — MONTHS 5 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
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 ✓

10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DETMOLD GERMANY

FATHER

13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Mary Schuldt Berg. Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE Salem Res. Cem. DATE SEP. 28, 1933 — Hope, Drape Co. Mo.

19. UNDERTAKER (ADDRESS) HERMAN BLUMER, BERGER MO.

20. FILED 9/26, 1933 A. J. Sheble Registrar.

MEDICAL CERTIFICATE OF DEATH

2 — 8 PM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1933 to Sept. 25, 1933

I last saw him alive on Sept. 25, 1933. Death is said to have occurred on the date stated above, at 8 P. m.

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

	Date of onset
Acute lobar pneumonia, left side.	9-24 1933
108	
97	

Other contributory causes of importance: Arteriosclerosis

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? No.

If so, specify ✓

(Signed) John Engelbrecht, M. D.

(Address) Stony Hill, Mo.