

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

Do not use this space.
33823

1. PLACE OF DEATH
 County 55 Registration District No. 55 File No. 188
 Township 724 9213 Primary Registration District No. 1068 Registered No. 1068
 City Hartzell (No. 1068) St. _____ Ward _____
 2. FULL NAME George Washington Stratton
 (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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. ~~SINGLE~~ MARRIED, WIDOWED OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) Wife of
Mary C. Stratton
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 - 1844
 7. AGE YEARS 89 MONTHS 0 DAYS 13 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oran Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Do not know
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Do not know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know
 (STATE OR COUNTRY)

14. INFORMANT J. W. Stratton
 (Address) Hartzell Mo

15. FILED Nov 10 1933 Mr. Mumm
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26-33 1933
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Supposed to be old age and heart trouble

162 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 162 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Dr. A. Richard
 , 19____ (Address) New Madrid Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Starfield Bm 10-27 1933
 20. UNDERTAKER Arthur Street ADDRESS Hartzell Mo

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.

