

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.

JAN 26 1934

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

Do not use this space.

42417

1. PLACE OF DEATH
110 County Washington Registration District No. 1080
Township Walton Primary Registration District No. 6180 File No. 156
City _____ (No. _____) _____ St. _____ Ward _____ Registered No. 156

2. FULL NAME Caroline Streckfus
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard P. Streckfus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS 74 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
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 _____

FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville, Ala.
13. NAME Carlina Streckfus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME Carlina Colburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville, Ala.

17. INFORMANT (ADDRESS) R. P. Streckfus
18. BURIAL, CREMATION, OR REMOVAL PLACE Shirley, Mo. DATE 12-8 1933
19. UNDERTAKER (ADDRESS) None
20. FILED 10/20 1933 J. B. Hise Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1933 to 12-7 1933
I last saw her alive on 12-7 1933 Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
930
930
Other contributory causes of importance _____

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) Geo. L. Florman, M. D.
(Address) Patton, Mo.

