

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

59 County Lafayette
Township Davis
City _____ (No. _____)

Registration District No. 454
Primary Registration District No. 5624 B

File No. 5513
Registered No. 3
St. _____ Ward _____

2. FULL NAME Clara Katharine Strathmann,

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fritz Strathmann,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 27, 1885.</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>0</u>
		DAYS
		<u>28</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>
	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 _____

12. BIRTHPLACE (CITY OR TOWN) Alma,
(STATE OR COUNTRY) Missouri.

13. NAME Robert Buhlig,

14. BIRTHPLACE (CITY OR TOWN) Indiana,
(STATE OR COUNTRY)

15. MAIDEN NAME Marie Rolf,

16. BIRTHPLACE (CITY OR TOWN) Bremervoerde,
(STATE OR COUNTRY) Germany.

17. INFORMANT Fritz Strathmann,
(ADDRESS) Alma, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Petri Cem, DATE 2/28 1934

19. UNDERTAKER A. H. Bremer,
(ADDRESS) Alma, Mo.

20. FILED 2/28 1934 J. G. W. Fischer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25/34 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-25- 1934, to 2-5- 1934
I last saw her alive on 2-5- 1934. Death is said to have occurred on the date stated above, at 10 p.m.

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

Mitral Stenosis Date of onset _____

92 A
Other contributory causes of importance: None

Name of operation _____ 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? _____ 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) J. G. W. Fischer, M. D.
(Address) Alma, Mo.

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.

