

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

Do not use this space.

APR 25 1934

6085

1. PLACE OF DEATH
 County Platte Registration District No. 694 ✓
 Township _____ Primary Registration District No. 1416
 City Farley (No. _____, St. _____ Ward)

File No. _____
 Registered No. _____

2. FULL NAME Henrietta Stratemver
 (a) Residence, No. Farley, Mo. 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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christian Stratemver
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 1842
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
91 3 27
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) (STATE OR COUNTRY) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Mrs. Henry Lutte
 (ADDRESS) Farley, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Farley Cem DATE Feb. 14 1934

19. UNDERTAKER I. C. Davis Und. Co.
 (ADDRESS) Heavenly Birthplace

20. FILED Feb 15 1934
Elyse H. Thomas
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1934 to Feb. 12 1934

I last saw her alive on Feb. 11 1934 Death is said

to have occurred on the date stated above, at A. I. G.
 The principal cause of death and related causes of importance were as follows:

Pneumonia
senility

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation none 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 _____

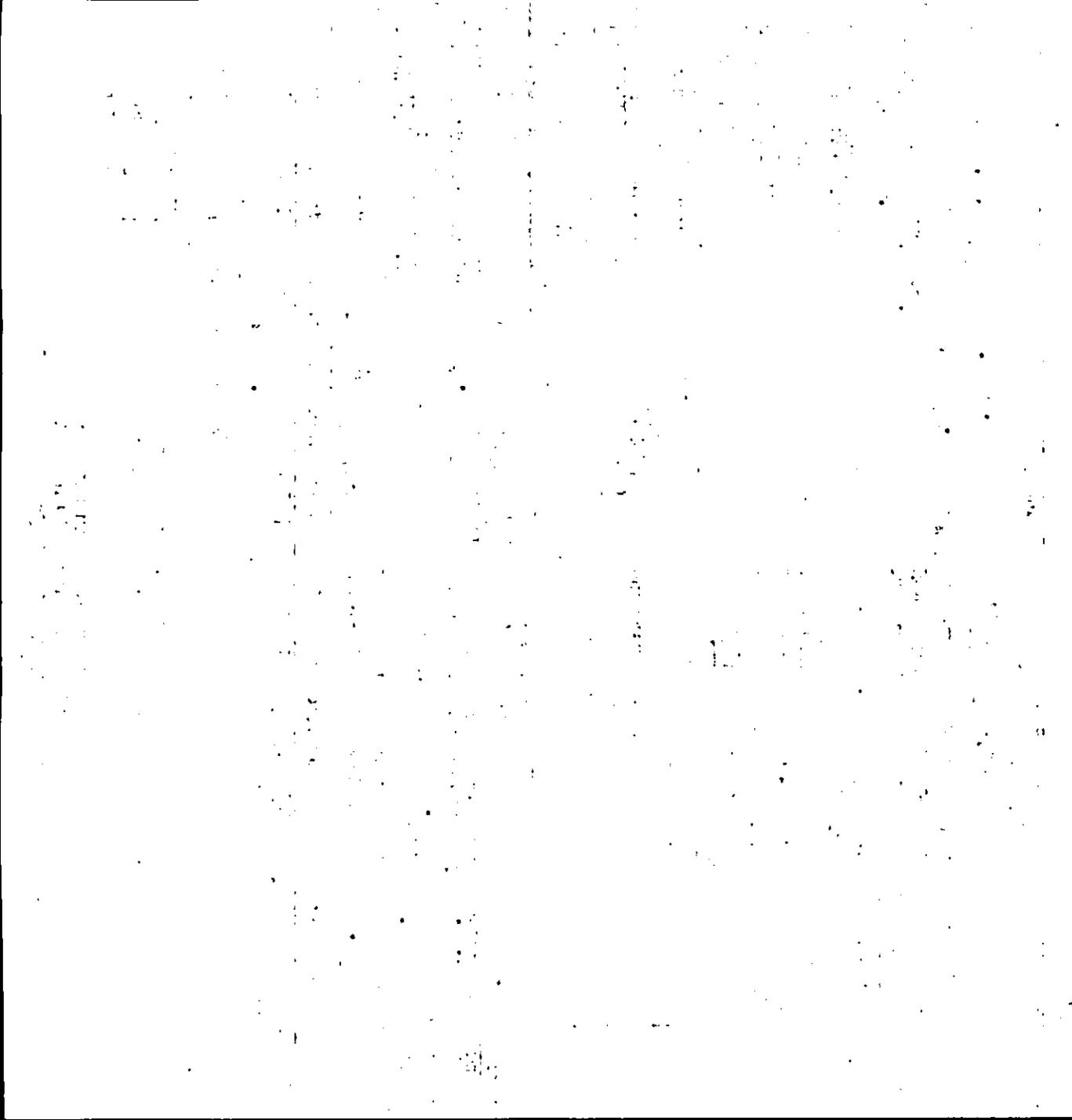
Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify no

(Signed) J. Underwood, M. D.

(Address) Parkville, Missouri



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Platte Registration District No. 694 File No.
 Township Primary Registration District No. 4416 Registered No.
 City Farley (No.) St. Ward) (St. Ward)
 2. FULL NAME J. Henrietta Stratenyer
 (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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	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.			
	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) (STATE OR COUNTRY)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..				
19. UNDERTAKER (ADDRESS)				
20. FILED 19.. <u>Elizabeth Kemmer</u> (Address) Registrar				

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 12, 1934</u>
22. I HEREBY CERTIFY, That I attended deceased from 19.., to 19..
I last saw h. alive on 19.. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows: Date of onset <u>Pneumonia</u> <u>Bronch</u> Other contributory causes of importance: <u>10 m</u>
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) M. D.

SUPPLEMENTARY

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