

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

Do not use this space.

8499

1. PLACE OF DEATH

County Franklin
Township Sullivan
City Sullivan (No. _____)

Registration District No. 295
Primary Registration District No. 4179

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John M. Strain

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anne Strain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1858

7. AGE YEARS 75 MONTHS 6 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. MO.

13. NAME John Strain

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

15. MAIDEN NAME Sarah Kiefer

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

17. INFORMANT (ADDRESS) R. P. Strain, Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Schmidt Cem. DATE Mar. 14, 1934

19. UNDERTAKER (ADDRESS) Thos. P. Shaffer Sullivan, Mo.

20. FILED Mar. 17, 1934 Joe P. Dunigan Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1934 to Mar. 12, 1934
I last saw him alive on Mar. 11, 1934. Death is said to have occurred on the date stated above, at 12:05 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
108
Other contributory causes of importance: unknown
Date of onset _____

Name of operation no Date of _____
What test confirmed diagnosis physical 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 _____

(Signed) J. P. Ross, M. D.
(Address) Sullivan, 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.

1934
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