

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

Do not use this space.

1. PLACE OF DEATH

County Roller Registration District No. 726
Township 115-2-14 Primary Registration District No. 5999
City Clarice (No. Clarice, Mo. St. Clarice, Mo. Ward)

File No. 21535

Registered No. _____

2. FULL NAME

(a) Residence, No. Clarice, Mo. Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lilly Stringer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18, 1866</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>1</u>	DAYS <u>15</u>
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)
Salmon

13. NAME
Newton Stringer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Don't know

15. MAIDEN NAME
Adeline Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Don't know

17. INFORMANT (ADDRESS)
Mrs. Lilly Stringer

18. BURIAL, CREMATION, OR REMOVAL PLACE
Male Expt. Cemetery 6-3

19. UNDERTAKER (ADDRESS)
James D. Daniel

20. FILED
June 26, 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
June 2, 1934

22. I HEREBY CERTIFY That I attended deceased from
May 27, 1934, to June 2, 1934

I last saw him alive on June 1, 1934 Death is said to have occurred on the date stated above, at 1:19 m.

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

Other contributory causes of importance:

Date of onset

Cancer Stomach

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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) E. G. Salger M. D.

(Address) Clarice, 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.

