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.

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

SEP 20 1934

Do not use this space.

29419

1. PLACE OF DEATH
County Jackson — Registration District No. 339 — File No.
Township — Primary Registration District No. 300 — Registered No. 3830
City Missouri (No. 2127 Flora St. Ward)

2. FULL NAME Mrs Sophie Strauss
(a) Residence, No. 2127 Flora 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow (Husband Unknown)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 22, 1850
7. AGE: 83 YEARS — MONTHS: 11 — DAYS: 18 — 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Little Rock Arkansas

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Martha Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Little Rock Ark.

17. INFORMANT (ADDRESS): Mrs Bessie Young 2127 Flora
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge DATE: 8/16/34, 1934
19. UNDERTAKER (ADDRESS): Doyle Bros.
20. FILED: 8/15, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-10-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-10-34, 19, to 8-10-34, 19
I last saw her alive on 10 AM, 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:

Acute Myocarditis — Date of onset
93A 93a

Other contributory causes of importance: Obscure

Name of operation: none Date of: no
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? no Date of injury no, 19
Where did injury occur? no no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no no
Manner of injury no no
Nature of injury no no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Henry B. Lyons
(Address) 1605 E 18th St