

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.

AUG 11 1934

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

Do not use this space.

30143

**1. PLACE OF DEATH**

County Moniteau  
Township \_\_\_\_\_  
City Clarksburg (No. \_\_\_\_\_)

Registration District No. 1095  
Primary Registration District No. 4336

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** J. D. Streby

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/3/1862</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>7</u>
		DAYS
		<u>3</u>
8. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Etta Streby</u>		
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____		

12. BIRTHPLACE (CITY OR TOWN) Penn.  
(STATE OR COUNTRY)

13. NAME G. W. Streby

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

15. MAIDEN NAME Elizabeth Arnold

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

17. INFORMANT Clyde Streby  
(ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Zion DATE 8/8/34

19. UNDERTAKER Jessie E. Richards  
(ADDRESS) \_\_\_\_\_

20. FILED Aug. 7, 1934 J. C. Martin  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-9-1934 to 8-6-1934.  
I last saw him alive on 8-6-1934. Death is said to have occurred on the date stated above, at 1 P.M.

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

Date of onset 827  
720

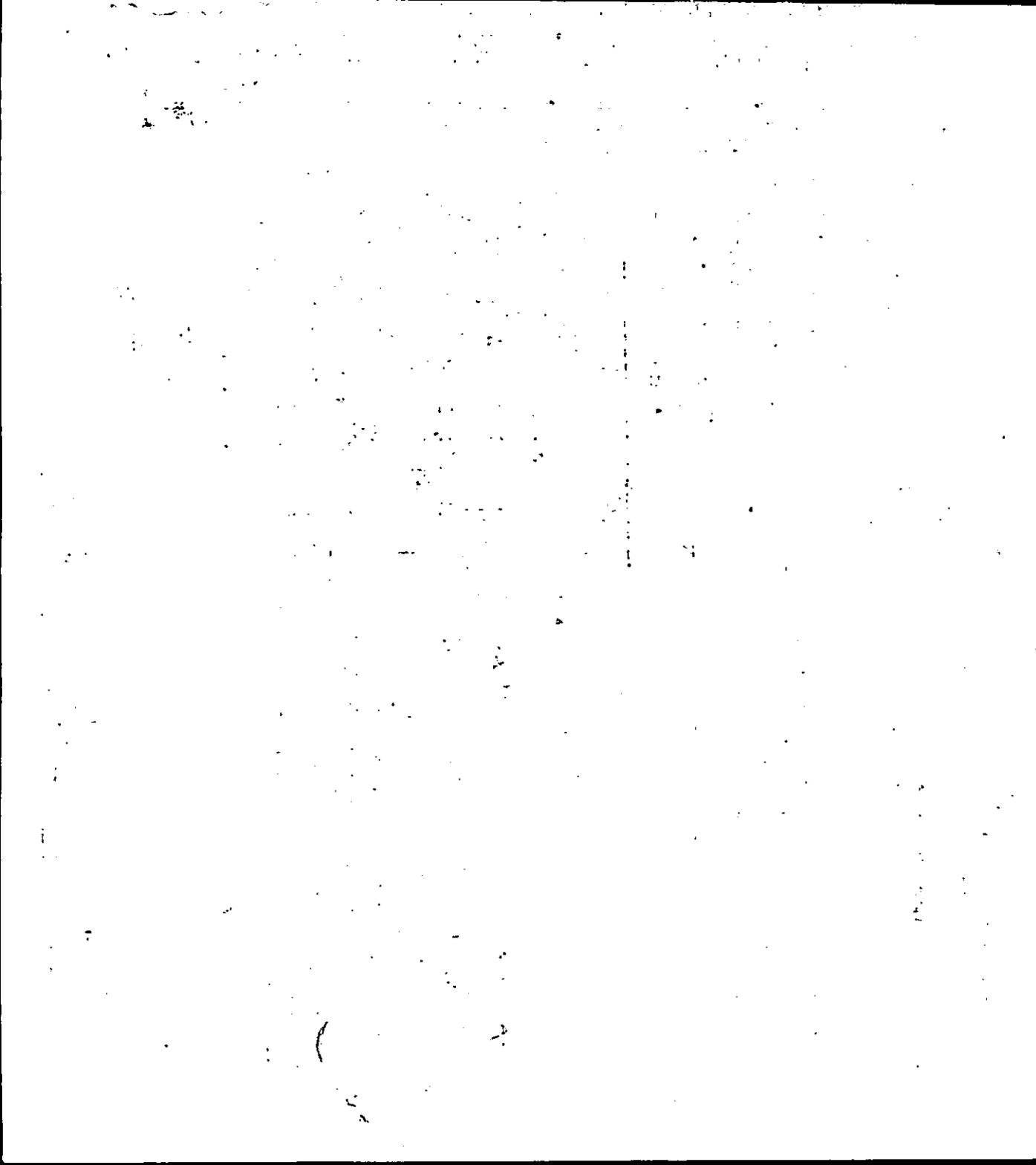
Other contributory causes of importance:

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? no  
If so, specify \_\_\_\_\_  
(Signed) P. C. Jarvis, M. D.  
(Address) Clarksburg, Mo.



*Monteau*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: J. W. Steuby  
Who died at \_\_\_\_\_ on Aug 6 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 72 Months 7 Days 5

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: General Paralysis

Cerebral Hemorrhage  General Paralysis

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

X Signature of Registrar J. C. Martin Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 1095

*E. J. McLaughlin*

Primary Reg. Dist. No. 4336

Special Agent.

JAN 8 1 1935

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