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

OCT 11 1934

Do not use this space.

33797

87 2 3

1. PLACE OF DEATH
County Ralls — Registration District No. 726
Township Spencer — Primary Registration District No. 4432
City New London (No. ..... St. ..... Ward) — File No. ..... Registered No. .....

2. FULL NAME Juliet A Strode

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF S. L. Strode

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 44.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	90	7	20	

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) Mo

FATHER

13. NAME R B Caldwell

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

MOTHER

15. MAIDEN NAME Rose Ann Splawn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.

17. INFORMANT (ADDRESS) Ed. Strode New London

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barclay DATE Sep 20, 1934

19. UNDERTAKER (ADDRESS) Kinder & Piper New London Mo

20. FILED Sept 25, 1934 Blanche Wagoner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Sept 18, 1934

I last saw h[illegible] alive on Sept 8, 1934 Death is said to have occurred on the date stated above, at 1:30 P m

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

	Date of onset
Gastro-Intestinal Enteritis	Sept 1.
Toxic	

Other contributory causes of importance:
Age

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) H. H. Norberg, M. D.
(Address) Hannibal 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD