

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

Do not use this space.

JAN 17 1935

1. PLACE OF DEATH

County Jasper Registration District No. 417
Township Webb City Primary Registration District No. 3021
City Webb City (No. 216, M. Roane Ward)

File No. 43422
Registered No. 126
St. _____ Ward _____

2. FULL NAME

Mary E Straup

(a) Residence, No. 216 M. Roane s. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>92</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	

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

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 Joseph Allen

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

MOTHER 15. MAIDEN NAME Julia Hardy

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT C. H. Hardy
(ADDRESS) Webb City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Cem DATE Jan 1 1935

19. UNDERTAKER Carter Funeral Home
(ADDRESS) Webb City Mo

20. FILED 1-1 1935 J. A. Craig
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934, to Dec 30, 1934.
I last saw h. c. alive on Dec 25, 1934. Death is said to have occurred on the date stated above, at 4 P. m.

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

Myocardial Regurgitation
92A
100
92C
Other contributory causes of importance: Senility

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) Geo. Sans, M. D.

(Address) Webb City 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.

✓ 2002/37