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.

APR 2 1935

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

Do not use this space.

8175

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No.
Township Primary Registration District No. 1001 Registered No. 348
City St. Joseph. (No. St. Joseph's Hospital, St. Ward)

2. FULL NAME Stephen Washington Strong,
(a) Residence, No. St., Ward. DeKalb, Missouri,
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Strong,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1853
7. AGE YEARS 82 MONTHS 2 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone,
10. Date deceased last worked at this occupation (month and year) March 1925
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winterset, Iowa,

FATHER
13. NAME Theophilus Strong,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ireland,

MOTHER
15. MAIDEN NAME Annie Stout,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Iowa,

17. INFORMANT (ADDRESS) Mrs. Edith Frakes DeKalb, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE DeKalb, Mo. DATE March 25, 1935
19. UNDERTAKER (ADDRESS) Heaton - BeGode - Bowman St. Joseph, Mo. Funeral Home
20. FILED 3-25- 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1935
22. I HEREBY CERTIFY, That I attended deceased from March 24, 1935, to March 24, 1935
I last saw him alive on March 24, 1935. Death is said to have occurred on the date stated above, at 3:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo-Nephritis	
Urinary suppression	
137	

Other contributory causes of importance:
Cystostomy - One year ago for prostatic obstruction

Name of operation Cystostomy Date of 1934
What test confirmed diagnosis? none Was there an autopsy? no

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) A H Kelley, M. D.
(Address) St Joseph Mo.