

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

Do not use this space.

APR 22 1935

9876

1. PLACE OF DEATH

County Müller Registration District No. 56
Township Franklin Primary Registration District No. 5756
City Adair (No. _____) St. _____ Ward _____

File No. _____
Registered No. 24

2. FULL NAME

Francis Marion Strange
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Widowed

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Strange

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 3 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cooper

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) Missouri

13. NAME John Strange

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

15. MAIDEN NAME Elizabeth James

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

17. INFORMANT Mrs. S. J. Cotters
(ADDRESS) Adair,

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE 3-26 1935

19. UNDERTAKER Phillips Funeral Home
(ADDRESS) Adair, Mo.

20. FILED 3-25 1935 Belle Haynes
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 Jan 1st, 1935, to 3-24, 1935.

I last saw him alive on 3-24 1935 Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Chronic Interstitial Nephritis (Date of onset 1931)

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? _____ If so, specify _____

(Signed) E. C. Shelton, M. D.

(Address) Eldon Mo.

