JUN 18 1935

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

Do not use this space.

15724

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township — Primary Registration District No. 3007 — Registered No. 96
City Poplar Bluff, Mo. (No. Brandon Hospital St. Ward)

2. FULL NAME Roy Francis Strus
(a) Residence, No. 2004 Eldorado St., Ward. St. Louis, Mo.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1911

7. AGE: YEARS 24 — MONTHS 3 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C. Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Camp.
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) St. Louis, Missouri

FATHER
13. NAME George H. Strus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester Illinois

MOTHER
15. MAIDEN NAME Mary Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnatti, Ohio

17. INFORMANT (ADDRESS) George H. Strus 2004 Eldorado- St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL Calvary Cem.
PLACE St. Louis, Mo. DATE May 25, 1935

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Mo.

20. FILED 5-25, 1935 O. C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:25P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull caused from automobile collision	5-17-35

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ACCIDENT Date of injury 5-17, 1935
Where did injury occur? Near Silva Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Impact from Car Collision
Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. Richard Reynolds, M.D. Coroner
(Address) Poplar Bluff 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.