

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.

JUL 19 '35

19285
23

1. PLACE OF DEATH

County Cole
Township Osage
City St. Thomas (No. _____)

Registration District No. 1158
Primary Registration District No. 5296R

File No. _____
Registered No. 2 St. _____ Ward _____

2. FULL NAME Adam Strope

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Mageline Strope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-18-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 1 6 9

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

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) St. Thomas, Mo.

13. NAME Ferman Strope

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

15. MAIDEN NAME Elizabeth Quebbing

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

17. INFORMANT Henry Strope
(ADDRESS) St. Thomas, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE St. Thomas, Mo DATE Jun. 29th. 1935

19. UNDERTAKER Louis Benschop
(ADDRESS) St. Thomas, Mo.

20. FILED Jun. 29th. 1935 By J. A. Kunkelhoff Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27-1935

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased

I last saw him _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

Myo Carditis Date of onset _____

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? _____ 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) Dr. R. E. Weaver

(Address) Russellville Mo

