

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 20 1935

19348

1. PLACE OF DEATH

County Dunklin
Township Union
City (No.) St. Ward)

Registration District No. 282
Primary Registration District No. 3401

File No.
Registered No. 24

2. FULL NAME

Francis Strain

(a) Residence, No. near Campbell Mo. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora E. Strain</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 3 - 1888</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>4</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1935</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
MOTHER	15. MAIDEN NAME <u>"</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT (ADDRESS) <u>Wife Campbell Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elder Cem.</u> DATE <u>June 8, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Lauder's Son Campbell Mo.</u>		
20. FILED <u>47</u> 1935 <u>E. W. Landers</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from April 2, 1935, to June 1, 1935.
I last saw him alive on June 1, 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:
Carcinoma of Stomach about May 1934
Date of onset

Other contributory causes of importance:
NO

Name of operation none Date of
What test confirmed diagnosis? NO 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) M. L. Cove, M. D.
(Address) Campbell Mo.

