

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.

NOV 21 1935

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

Do not use this space.

32306

1. PLACE OF DEATH

County Mont
Township Current
City _____ (No. _____, _____ St. _____ Ward)

Registration District No. 1085
Primary Registration District No. 5381

File No. _____
Registered No. 21

2. FULL NAME Mrs. Emma Strode

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	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 Geo Strode				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 1880				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	55	XX	6	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife			
	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) Shannon Co Mo				
FATHER	13. NAME Will Hodges			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co Mo			
MOTHER	15. MAIDEN NAME Mary F Alfred			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo			
17. INFORMANT Will Hodges (ADDRESS) Montauk Mo				
18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove DATE Oct. 14, 1935				
19. UNDERTAKER C. K. Spencer (ADDRESS) Salem, Mo.				
20. FILED _____ 19 _____ Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1935
22. I HEREBY CERTIFY, That I attended deceased from: _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at <u>10:00 a.m.</u>
The principal cause of death and related causes of importance were as follows: Endocarditis
Date of onset 1934
181
Other contributory causes of importance: Chronic nephritis
Date 1933
Name of operation _____ Date of _____
What test confirmed diagnosis? Tussell 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) J. H. Wilson , M. D. (Address) Salem, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
Do not use this space.

1. PLACE OF DEATH

County West
Township Current
City (No. , St. Ward)

Registration District No. 1035
Primary Registration District No. 3371

File No. _____
Registered No. 21

2. FULL NAME

Mrs Emma Strode

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>55</u>	MONTHS
		DAYS <u>6</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 10/15 1935 J. W. Kirock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1935

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

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) W. G. Dillan, M. D.
(Address) Salem Mo

SUPPLEMENTARY

DEC 10 1935