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

Do not use this space.

33727-1

1. PLACE OF DEATH JAN 13 1936

County Reynolds — Registration District No. 746 — File No.

Township Black River — Primary Registration District No. 5980 — Registered No.

City Buick Mo (No. , St. Ward)

2. FULL NAME Adolphis Strickland

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1908

7. AGE 1 — YEARS 27 — MONTHS 4 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Buick Mo

FATHER

13. NAME Joe Strickland

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

MOTHER

15. MAIDEN NAME Lucie Smith

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

17. INFORMANT (ADDRESS) Joe Strickland

18. BURIAL, CREMATION, OR REMOVAL

PLACE Turner Summit DATE Oct 13 1935

19. UNDERTAKER (ADDRESS) T. A. Crocker

20. FILED Jan 9 1936 Mrs. C. E. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1935, to Oct 13, 1935

I last saw him alive on Oct 13, 1935. Death is said to have occurred on the date stated above, at 50 m.

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

	Date of onset
I only saw him once Oct 13 - 1935	
Typhoid fever.	

Other contributory causes of importance:

Malaria

Name of operation Date of

What test confirmed diagnosis? History 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. R. Pyatte, M. D.

(Address) Centerville Mo