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

NOV 27 1935

Do not use this space.

34766

File No.

Registered No. 362

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 1123

Township Carondelet

Primary Registration District No. 6248 B

City ~~Koch~~ (No. Koch Hospital St. Ward)

**2. FULL NAME** Ethel Stricklin

(a) Residence, No. 1608 Carr St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| F | W | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1910

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | 7 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework, waitress, sales-girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant Dept. store

10. Date deceased last worked at this occupation (month and year) Sept. 1, 1932

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River, Mo.

FATHER

13. NAME Marion Smart

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

MOTHER

15. MAIDEN NAME Anna Duncan

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

17. INFORMANT Koch Hospital Records
(ADDRESS) Koch, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lee Run, Mo DATE Oct. 19, 1935

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 2301 Lafayette

20. FILED Oct. 19, 1935 L. Mowry
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to Oct. 18, 1935

I last saw her alive on Oct. 18, 1935. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Aug. 1932 |

Other contributory causes of importance:

Name of operation Thoracoplasty Date of 10-11-35

What test confirmed diagnosis? Sputum X-ray 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) Paul Murphy M. D.

(Address) Koch Hospital