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

Do not use this space.

35565

1. PLACE OF DEATH DEC 17 1935

County Cole — Registration District No. 214 — File No.

Township Moreau — Primary Registration District No. 5294 — Registered No. 17

City (No. , St. Ward)

2. FULL NAME Henry Phillip Strobel

(a) Residence, No. Lohman, Mo. 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. 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15t, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	23	

OCCUPATION

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

FATHER

13. NAME George Strobel

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

MOTHER

15. MAIDEN NAME Henrietta Franz

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

17. INFORMANT Mrs. Henry Strobel
(ADDRESS) Lohman, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lohman, Lutherian Cem. DATE Nov. 10th, 1935

19. UNDERTAKER G.N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED Nov. 9, 1935 Mrs. Mabel Barbour Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8th, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1933, 19, to Nov. 8, 1935, 19

I last saw him alive on Nov. 5, 1935, 19. Death is said to have occurred on the date stated above, at 12-Noon.

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

	Date of onset
Angina Pectoris	Nov. 8 1935

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) Walter L. Leslie, M. D.

(Address) Russellville, Mo.

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.