

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

1. Do not use this space.

JAN 19 1936

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

St.....

Ward.....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da.

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

James R Strauser

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

Sept-7-1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

25

56

3

10

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)

12-15-35

11. Total time (years) spent in this occupation

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

Sullivan Mo

MOTHER

13. NAME

Louis Collins

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

Marrollton Mo

15. MAIDEN NAME

Isabell Huff

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

Washington Co Mo

17. INFORMANT (ADDRESS)

James R Strauser Sullivan Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sullivan Mo DATE 12-19-1935

19. UNDERTAKER (ADDRESS)

Albert H. Hobbs Inc 429 N. Euclid Ave

20. FILED C 17 1935 19

DEC 17 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 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 4:45 a.m.

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

Fractured skull & lacerated brain, fractured ribs, hemorrhage of lungs, rec'd when car in which deceased was riding, collided with Ford near St. Louis Mo (mile south of Highway 30)

Other contributory causes of importance: on Highway 30

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accd Date of Injury 12-15-1935

Where did injury occur? On Highway 30 Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Highway

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Harold J. DeJoy, M. D.

(Address).....

