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.

MAY 7 1936

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

Do not use this space.

791

17881

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 17881

Township ..... Primary Registration District No. ..... Registered No. 4674

City St Louis (No. 5651 Cates Ave St. ..... Ward)

2. FULL NAME Frances Keys Strider

(a) Residence, No. 5651 Cates ave St., ✓ 5 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred ✓ yrs. 7 mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mabel Day Strider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 21 - 1876

7. AGE: YEARS 59 MONTHS 8 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coffee & Spice Dand G. Evans Co

10. Date deceased last worked at this occupation (month and year): April - 1935

11. Total time (years) spent in this occupation: 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery Co Missouri

FATHER

13. NAME: Dow G. Strider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Va

MOTHER

15. MAIDEN NAME: Maria Peck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Seemore

17. INFORMANT (ADDRESS): Blanche E. Day 5651 Cates ave Apt 11

18. BURIAL, CREMATION, OR REMOVAL: Raymond Hill

PLACE: Asbury Cem DATE: April 31 1936

19. UNDERTAKER (ADDRESS): Dan L. Bass Hillsboro Ill

20. FILED: APR 29 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4 - 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1936, to Apr. 29, 1936

I last saw him alive on Apr. 28, 1936. Death is said to have occurred on the date stated above, at 5 32 a.m.

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

	Date of onset
Rheumatic Heart Disease (Mitral Insufficiency) June	1935
[illegible]	
Other contributory causes of importance: Subacute Infect. arthritis June	1935

Name of operation: none usual laboratory Date of —

What test confirmed diagnosis? ..... 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) Howard O Rush, M. D.

(Address) 13 Commerce Bl St Louis, Mo