

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.

MAY 28 1936

18286 X

1. PLACE OF DEATH

County Texas
Township Piney
City Houston No. 710

Registration District No. 863
Primary Registration District No. 6137

File No. 18
Registered No. _____
St. _____ Ward)

2. FULL NAME Catherine La Strickland

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 John G.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 6

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) work 11. Total time (years) spent in this occupation

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

13. NAME Sumpter Troutman

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

15. MAIDEN NAME Martha Waters

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

17. INFORMANT Rose Strickland
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Apr 20 1936

19. UNDERTAKER G. O. Elliott
(ADDRESS)

20. FILED 4-20-36 1936 J. B. Ross
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 19 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-14 1936 to 4-20 1936

I last saw her alive on 4-19 1936 Death is said

to have occurred on the date stated above, at 3-15 P. m.

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

Intestinal Flu Date of onset

Other contributory causes of importance:
Diseased Kidney
Right

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 _____, 1936

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) W. W. Womack, M. D.
(Address) Houston, Tex

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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Texas Registration District No. 863 File No.
 Township Oriley Primary Registration District No. 6137 Registered No.
 City (No.) (No.) St. Ward)

2. FULL NAME

Catherine L. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Total time (years) spent in this occupation.....

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

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 5/4/36 19.. J. H. H. H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19.., to, 19..
 I last saw him alive on, 19.. Death is said to have occurred on the date stated above, at, m.

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

Date of onset

Cause of kidney abscess unknown

Other contributory causes of importance:
Highly diseased kidneys; right kidney had abscesses of kidney

Name of operation none 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, 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 J. P. Womack, M. D.
 (Signed) Houston Mo
 (Address)

SUPPLEMENTARY

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.

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UNRECORDED