

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

Do not use this space.

26050 7

1. PLACE OF DEATH

County Crawford
Township Liberty
City _____ (No. _____)

Registration District No. 233

Primary Registration District No. 5318

File No. _____

Registered No. 285

St. _____ Ward _____

2. FULL NAME Harritt Louisa Strong

(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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
78 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wor
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) Jefferson Co Mo

FATHER 13. NAME Mickel Mc Kee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo

MOTHER 15. MAIDEN NAME Kathran McLoain

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

17. INFORMANT Herman Wenzel
(ADDRESS) Bonstead Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lockbrook Cemetery DATE 7/18-1936

19. UNDERTAKER L. J. ...
(ADDRESS) _____

20. FILED Aug 9 1936 V. J. ...
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17-1936

22. I HEREBY CERTIFY, That I attended deceased from July 17 1936, to July 17 1936.
I last saw h. alive on July 17 1936 Death is said to have occurred on the date stated above, at 10 P m.

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

Mitral Regurgitation and Paroxysmal Dyspnoea
Other contributory causes of importance: _____

Date of onset _____

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) W. B. ..., M. D.
(Address)

CAUSE OF DEATH FROM PNEUMONIA, SO THAT IT MAY BE PROPERLY CLASSIFIED.



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1. PLACE OF DEATH

County Crawford Registration District No. 233 File No. _____
 Township Liberty Primary Registration District No. 3318 Registered No. 285
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Marrett Louisa Strong

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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 or min.
	<u>78</u>	<u>2</u>	<u>27</u>	

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) _____

13. NAME _____

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

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 Aug 9 1936 H. F. Swinford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I 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:

mitral regurgitation and parenchymatous nephritis
chronic parenchymatous nephritis
 Other contributory causes of importance: Nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), give 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) W. S. Henderson, M. D.
 (Address) Cuba Mo.

SUPPLEMENT

S-26050