

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

Do not use this space.

NOV 23 1936

37147

**1. PLACE OF DEATH**

County Cole Registration District No. 213

Township \_\_\_\_\_ Primary Registration District No. 3014

City Jefferson (No. St. Marys Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 281

**2. FULL NAME**

(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 M 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 Catherin Elizabeth Strobel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7th 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day	
				hrs.	min.
	<u>63</u>	<u>1</u>	<u>6</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Strobel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Barbara Meyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) dent / unknown  
(STATE OR COUNTRY)

14. INFORMANT Clarence Strobel  
(Address) Center town Mo

15. FILED 10-13 1936 Dr. Professor M. H. ... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1936

17. I HEREBY CERTIFY, That I attended deceased from April 1936 to Oct 13 1936, and that I last saw him alive on Oct 12 1936, and that death occurred, on the date stated above, at 7:00 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Peritonitis following Rupture of a Peptic Ulcer

(duration) 1 yrs. 1 mos. 1 ds.  
CONTRIBUTORY (SECONDARY) Peptic ulcer  
(duration) 1 yrs. 1 mos. 1 ds.

**18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF DEATH his home

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical & X Ray

(Signed) Jan. H. Hill, M. D.

. 19 Jefferson City Mo (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL California, Mo. DATE OF BURIAL 10-15 1936

20. UNDERTAKER William & Friedmeyer ADDRESS California 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.

