

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH

Registration District No. 85
Primary Registration District No. 1001
(No. MISSOURI METHODIST HOSPITAL)

File No. 40475
Registered No. 1456
St. 100 Ward

2. FULL NAME MRS. HATTIE BELLE STRAWN

(a) Residence, No. 111 SOUTH ELEVENTH ST. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOW OF CHARLES F. STRAWN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 14, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 8

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HO KINS, MISSOURI13. NAME MASON HAMM14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA15. MAIDEN NAME SARAH DAVIS16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA17. INFORMANT KENNETH STRAWN
(ADDRESS) ST. JOSEPH, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE NOV 24 193619. UNDERTAKER FLEEMAN & SON INC.
(ADDRESS) 1946 COLWOUN ST. ST. JOSEPH, MO.20. FILED NOV 24 1936 J. J. Kottelbusch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 22, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1930, to Nov 22, 1936

I last saw h. e. r. alive on Nov 10, 1936 Death is said to have occurred on the date stated above, at 4:00 P. m.

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

Cerebral Hemorrhage Date of onset Nov 22-36

Other contributory causes of importance

Hypertension
Chronic Pulmonary Heart Disease

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin 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) J. J. Kottelbusch, M. D.(Address) St. Joseph, Mo.

WHITE 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.

