

FEB 17 1937

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

Do not use this space.

935

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Springfield Primary Registration District No. 2001  
City Springfield No. 1423 South Kimbrough St.                      Ward                     

2. FULL NAME

(a) Residence, No. 1423 South Kimbrough 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 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 Minnie Struck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
✓ 70 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
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) Germany

FATHER 13. NAME John Jacob Struck

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Sophia Struck  
(ADDRESS) 1423 South Kimbrough

18. BIRTH, CREATION, OR REMOVAL Kingfisher Okla. DATE Jan 8 1937

19. UNDERTAKER W. Klingauf, Sec  
(ADDRESS) Springfield Mo.

20. FILED Jan 8 1937 Chas A. Georgis  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1937 to 1-7 1937

I last saw him alive on 1-6 1937 Death is said to have occurred on the date stated above, at 4:00A.M.

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

Cerebral Hemorrhage Date of onset 1-6-37

Other contributory causes of importance: Arterio sclerosis

Name of operation None Date of                     

What test confirmed diagnosis? Physical 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?                     

If so, specify                     

(Signed) W. J. Walsh M. D.  
(Address) Springfield 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.

