

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.

FEB 17 1937

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

Do not use this space.

1164

1. PLACE OF DEATH

County Iron Registration District No. 1159  
Township Bellevue (Primary Registration District No. 6-6-49)  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Martha Jane Stricklin  
(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 Female  
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 Henry Stricklin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>5</u>	<u>10</u>	

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. 235  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Iron County Mo.  
(STATE OR COUNTRY)

MOTHER FATHER  
13. NAME James Shuman

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

MOTHER FATHER  
15. MAIDEN NAME Catherine Gandy

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

17. INFORMANT (ADDRESS) Henry Stricklin Middlebrook Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Hill DATE 1-21 1937

19. UNDERTAKER (ADDRESS) Thomas White & Sons

20. FILED Jan 23 1937 Mrs W. A. Townsend  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1937, to Jan 20 1937  
I last saw her alive on Jan 19 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:  
Pneumonia, Bronchial  
Yellowing Influenza  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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. C. Gerson M. D.  
(Address) Trouton Hill

