

MAY 17 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Boone Registration District No. 73  
Township \_\_\_\_\_ Primary Registration District No. 3006  
City Columbia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 15683  
Registered No. 117

## 2. FULL NAME

Mary B. Strawn  
(a) Residence, No. 510 N. 3 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 F. 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
71 11 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Boone Co. Mo. (STATE OR COUNTRY)

13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY)

15. MAIDEN NAME Eunice Graves

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

17. INFORMANT Miss Ruth Strawn (ADDRESS) 500 N. 3 St. Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Col. Cem. DATE 4-29, 1937

19. UNDERTAKER A. C. Freeman (ADDRESS) Columbia Mo.

20. FILED 4/29/37 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937, to 4-27-37, 1937.  
I last saw her alive on 4-27-37, 1937. Death is said to have occurred on the date stated above, at 9:09 a.m.

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

Septic Infection from nail strike in R foot

Other contributory causes of importance:

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 1-10, 1937

Where did injury occur? Columbia Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Spoke nail in foot  
Nature of injury Septic condition developed

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_  
(Signed) O. A. Moor, M. D.

(Address) Columbia 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.

OCCUPATION

MOTHER FATHER

Date of onset  
354

