

MAY 21 1937

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

Do not use this space.

16601

1. PLACE OF DEATH

County Jackson
Township Prairie
City Little Blue Mo (In Jackson Co Home)

Registration District No. 480
Primary Registration District No. 5553B

File No. 16601
Registered No. 75 (St. _____ Ward)

2. FULL NAME Henry L. Strodder

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Wick 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
abt. 85

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
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) Delaplane Co Va

MOTHER 13. NAME Douttman

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

15. MAIDEN NAME Douttman

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

17. INFORMANT Mrs. Tillie Rummel
(ADDRESS) 1306 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cemetery DATE 4-13-37

19. UNDERTAKER Flynn + Greenstreet
(ADDRESS) Kennett

20. FILED 4-12, 1937 William J. Fields
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1937

22. I HEREBY CERTIFY, that I attended deceased from March 1 1937 to April 9 1937
I last saw him alive on April 9, 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:

Arterio-sclerotic insufficiency.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Ex. Exam Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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: Yes
(Signed) L. W. Booker, M. D.
(Address) 2028 Vine St.

