

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

14 County Calloway
2 Township
4 City Fulton, Mo. (No. _____ St. _____ Ward)

Registration District No. 104
Primary Registration District No. 3008

File No. 23326
Registered No. 160

2. FULL NAME

Charles H. Strack

(a) Residence, No. Belleflower, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie Strack</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1877</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>22</u>	<u>60</u>	<u>D.K.</u>	<u>19K.</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>None</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>			
	10. Date deceased last worked at this occupation (month and year) <u>-</u>			
11. Total time (years) spent in this occupation <u>-</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u>				
FATHER	13. NAME <u>D.K.</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u>			
	15. MAIDEN NAME <u>D.K.</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u>			
	17. INFORMANT <u>State Hosp Records</u> (ADDRESS) <u>Fulton, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belleflower, Mo.</u> DATE <u>June 22, 1937</u>				
19. UNDERTAKER <u>Philip Jones</u> (ADDRESS) <u>Belleflower, Mo.</u>				
20. FILED <u>June 20, 1937</u> <u>A. N. Crews</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1937 to June 20, 1937
I last saw h. l. in alive on June 20, 1937 Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:

<u>Chronic myocarditis and myocardial degeneration</u>	Date of onset <u>D.K.</u>
<u>Other contributory causes of importance: Epilepsy</u>	<u>D.K.</u>

Name of operation None 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? None Date of injury _____, 19____
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) F. A. Barnett, M. D.
(Address) Fulton, 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.

