

AUG 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
2
CERTIFICATE OF DEATH

Do not use this space.

27064

1. PLACE OF DEATH

County Cooper
Township Pilot Grove
City Pilot Grove

Registration District No. 222
Primary Registration District No. 4135

File No. 11
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Leaper Strickfaden
(a) Residence, No. Pilot Grove Mo. - Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 1/2 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1862

7. AGE YEARS 74 MONTHS 11 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) July 1 - 1934 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Disgah, Missouri

13. NAME Ambrose Strickfaden

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

15. MAIDEN NAME Katherine Keisig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown, Germany

17. INFORMANT (ADDRESS) Paul Strickfaden, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Cem DATE July 14 1937

19. UNDERTAKER (ADDRESS) Hay + Stoecklin, Pilot Grove, mo

20. FILED July 14 1937 Mrs. E. B. McCutcheon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1937

22. I HEREBY CERTIFY That I attended deceased from June 15 1937 to July 12 1937

I last saw him alive on July 12 1937 Death is said to have occurred on the date stated above, at 5:50 p.m.

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

Chronic Myocarditis

Other contributory causes of importance: _____

Date of onset By Dr. L. J. ...

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 _____, 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 no

Nature of injury no

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

If so, specify _____

(Signed) W. S. ... M. D.

(Address) Pilot Grove, 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.

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THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

MEMORANDUM FOR THE RECORD
DATE: 1954
SUBJECT: [Illegible]

[Illegible text]

[Illegible text]