

JAN 24 1938

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

Do not use this space.

46594

1. PLACE OF DEATH

County ST. FRANCIS
Township RANDOLPH
City DESOLOGE MO (No. 38)

Registration District No. 779
Primary Registration District No. 6024A

File No.
Registered No.
St. Ward)

2. FULL NAME ANDREW WILLIAM STRICKLAND

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

Length of residence in city or town where death occurred 38 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 10 1874
7. AGE YEARS 66 MONTHS 9 DAYS 3 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. millwright
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. deal mill
10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VALLEMANNE'S MO

13. NAME ANDREW JACKSON STRICKLAND

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DESOLOGE MO

15. MAIDEN NAME HELENIA HOLDMAN

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

17. INFORMANT Amiel Strickland (ADDRESS) Desloge Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francois DATE Dec. 15 1937

19. UNDERTAKER C. J. Bayle (ADDRESS) Desloge Missouri

20. FILED 1-8 38 W. B. Bluekworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 - 1937 to Dec. 13 1937
I last saw him alive on Dec. 11 1937 Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

gastro carcinoma Date of onset 12/1
40
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify R. B. Fisher

(Signed) Desloge Mo M. D.
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

