

JAN 24 1938

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

Do not use this space.

110

1. PLACE OF DEATH

94 County St. Francois
Township St. Francois
Near Farmington
City Farmington (No., St. Ward)

Registration District No. 773
Primary Registration District No. 2018A

File No. ~~46574~~
Registered No. 12

2. FULL NAME

William Strain 365

(a) Residence, No. 1721 Bloomfield, Cape Girardeau, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 ? ?

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Frederick Strain

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

15. MAIDEN NAME Sally Watkins

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

17. INFORMANT State Hospital No. 4 Records
(ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Otan, Mo. DATE 1-16- 19

19. UNDERTAKER Deevers & Estes
(ADDRESS) Cape Girardeau, Mo.

20. FILED Jan 15, 1938 V. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1937, to Jan 14-, 1938

I last saw him alive on Jan 14, 1938 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:

General Paralysis of the Brain

Date of onset

Other contributory causes of importance:

Generalized arteriosclerosis
Chronic myocarditis
Hypostatic pneumonia

Name of operation Date of
What test confirmed diagnosis? Chemical & Path. Was there an autopsy? no.

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?

If so, specify P. S. Jain, M. D.
(Signed) State Hosp. #4 Farmington Mo.
(Address)

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.

