

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

Do not use this space.

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 454
 Township Deer Primary Registration District No. 56247B
 City (No. _____) St. _____ Ward _____

2. FULL NAME Emily Strader 363
 (a) Residence, No. _____ St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-5-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 1 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) Ohio 9

MOTHER FATHER
 13. NAME Unknown 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. John Summers
Concordia Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Box 5-1938 DATE Jan 5 1938
Blackburn Cemetery
 19. UNDERTAKER (ADDRESS) A. F. Summers
Concordia Mo.
 20. FILED Jan 4 1938 Mrs. Edith M. Chure 411
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 - 1938

22. I HEREBY CERTIFY That I attended deceased from Nov 3, 1937, to January 3, 1938
 I last saw her alive on Jan 3, 1938. Death is said to have occurred on the date stated above, at 6:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia Jan 1
Fractured femur 15
 Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Acc Date of injury Nov 3, 1937
 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 Due to fall
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. S. Jones, M. D.
Blackburn Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH