

REC'D MAY 23 1938

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

15250

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
(b) Township Wescon Primary Registration District No. 3074 Registered No. 108
(c) City Hannibal (d) Street No. 218 N. Hayden St.
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edward Franklin Strawhurn 365
(a) Residence, No. 218 N. Hayden St. (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 Margaret Strawhurn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 0 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. City of Hannibal
10. Date deceased last worked at this occupation (month and year) 5 yrs.
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Missouri
13. NAME Albert Strawhurn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
15. MAIDEN NAME Emily Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps County Missouri
17. INFORMANT (ADDRESS) Margaret Strawhurn Hannibal, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Grand View DATE April 13 1938
19. FUNERAL DIRECTOR (ADDRESS) Ray D. Schwartz Hannibal Mo.
20. FILED Apr 14 1938 H. C. Foster Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1938

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1938, to April 11, 1938
I last saw him/her alive on March 29, 1938 Death is said to have occurred on the date stated above, at 12:40 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Date of onset

Other contributory causes of importance:

Probably
Carcinoma of Stomach
Name of operation None Date of None
What test confirmed diagnosis? Chemical 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? No
If so, specify
(Signed) R. G. Murphy, M. D.

(Address) Hannibal Mo.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed
..... Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)