REC'D JUL 17 1939

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

Do not use this space.

21621

File No.

Registered No. 81

1. PLACE OF DEATH

County Clay — Registration District No. 198

Township Fishing River — Primary Registration District No. 3011

City Excelsior Springs, Mo. (No. Veterans Administration St. Ward)

2. FULL NAME STRODE, Ernest L.

(a) Residence, No. Veterans Administration St., Ward. Kansas City, Mo. (If nonresident, give city or town and State)
(Usual place of abode) Excelsior Springs, Mo.

Length of residence in city or town where death occurred yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Addie Strode

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1892

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 45 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewery Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Missouri 0

FATHER

13. NAME Ambrose Strode 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia, Mo. 0

MOTHER

15. MAIDEN NAME Eula (maiden name unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia, Mo.

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE June 15, 1938

19. UNDERTAKER (ADDRESS) John C. Prather, Excelsior Springs, Mo.

20. FILED 6-16- 1938 Lorena McCracken Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1938, to June 14, 1938

I last saw him alive on June 14, 1938. Death is said to have occurred on the date stated above, at 4:18 p.m.

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

| | Date of onset |
|---|---|
| Coronary Occlusion | ? |

Other contributory causes of importance:

Name of operation None Date of --

What test confirmed diagnosis? Exam & Obs. 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 --

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) E. K. MOORE, M.D., Clin. Director

(Address) Veterans Administration Excelsior Springs, Mo.

AUG 17 1958