SEP 12 1938

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

Do not use this space.

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27587

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. 7601

Township ..... Primary Registration District No. ..... Registered No. 7601

City St Louis Mo (No. ..... Barnes Hospital St. ..... Ward)

2. FULL NAME Lloyd Strawn 365

(a) Residence, No. ..... St., NR Ward. Taylorville Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 25 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eva Strawn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 14/1894.

7. AGE: YEARS 43 MONTHS 10 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.&A. Railroad

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 15yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan County Illinois.

FATHER

13. NAME: Clifton Strawn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jacksonville Illinois

MOTHER

15. MAIDEN NAME: Effie Mathews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jacksonville, Illinois.

17. INFORMANT (ADDRESS): Mrs. Eva Strawn Taylorville, Illinois

18. BURIAL, CREMATION, OR REMOVAL: Taylorville Ill. DATE 8-27-38

19. UNDERTAKER (ADDRESS): Albert H. Hoppe, Inc. 429 N. Euclid Ave.

20. FILED AUG 26 1938 J. F. Biehrer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-30-1938, to 8-25-1938

I last saw him alive on 8-25-1938. Death is said to have occurred on the date stated above, at 1036 P.m.

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

Carcinoma of lung, PRIMARY
Carcinoma of pericardium
" of myocardium

Other contributory causes of importance:
Pleural & pericardial effusion

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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 .....

(Signed) F. R. Bradley, M. D.

(Address) BARNES HOSPITAL

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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