

NOV 14 1938

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

Do not use this space.

36281

1. PLACE OF DEATH

County Marion
Township Union
City 363 (No. 363)

Registration District No. 549
Primary Registration District No. 5742

File No. 7
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Robert Franklin Stratton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 7 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (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 Catherine Claus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1916

7. AGE YEARS 21 MONTHS 11 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 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) Maywood, Mo.

13. NAME Frank Stratton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meyer, Ill.

15. MAIDEN NAME Cora Kirkham

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

17. INFORMANT (ADDRESS) Frank Stratton Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maywood, Mo. DATE 10/19/38

19. UNDERTAKER (ADDRESS) Lewis Brown Palmyra, Mo.

20. FILED Oct 8 1938 Mrs. C. F. Diphon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1938 to October 7, 1938
I last saw him alive on October 3, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Lobar Pneumonia Left Lung Date of onset Oct 4 1938

Other contributory causes of importance: 10/6

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Dr. P. H. Stuhlman M. D. 13
(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.

