

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

Do not use this space.

FILE NOV 22 1938

1. PLACE OF DEATH

County RAILS

Township Saverter

City Saverter

Registration District No. 726

Primary Registration District No. 6-96-8

(No. Saverter Mo.)

File No. 36599

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Mary A. Strain

(a) Residence, No. Saverter Mo. 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)

Widow

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

Widow of William Strain

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

Feb. 2, 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

67

8

10

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)

Clarkville Mo.

FATHER

13. NAME

Harrison Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

MOTHER

15. MAIDEN NAME

Elizabeth Starbough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

ILL

17. INFORMANT (ADDRESS)

Mrs. Robert T. Thompson

18. BURIAL, CREMATION, OR REMOVAL

Placed in casket

DATE 10-15-1938

19. UNDERTAKER (ADDRESS)

James O'Connell

20. FILED

Oct 19, 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct. 13 - 1938

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1938, to Oct 13, 1938

I last saw him alive on Oct 13, 1938. Death is said

to have occurred on the date stated above, at 11:15 a.m.

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

Carcinoma of uterus

Date of onset 1937

Other contributory causes of importance:

Nephritis

Name of operation none Date of _____

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) A. L. Shanko M. D.

(Address) Harrisburg Mo.

153

RECEIVED

District Health Officer No. 10

District File Number 10-38-558

Date Filed 11-9-38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

365-99

Do not use this space.

1. PLACE OF DEATH

(a) County Ball Registration District No. 736
(b) Township Sananton Primary Registration District No. 3958
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mary A. Strain St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 8 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

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) A. L. Shanks, M. D.

(Address) Hannibal Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____, 19____
19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Oct 20, 1938 Blanche McGowan
Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

