

NOV 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

Registration District No. _____

Primary Registration District No. _____

File No. _____

Registered No. _____

Length of residence in city or town where death occurred

2 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

ysr.

mos.

ds.

36920

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

white

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Widrich John Stradner

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

June 6 - 1855

7. AGE

YEARS

MONTHS

DAYS

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

84

4

1

OCCUPATION

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

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)

Ohio

MOTHER FATHER

13. NAME

Christen Erich

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

Germany

15. MAIDEN NAME

Annadmay Salage

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

Germany

17. INFORMANT (ADDRESS)

Mrs. Tom Goodwin

18. BURIAL, CREMATION, OR REMOVAL

PLACE Enterprise Kan DATE Oct 8 1939

19. UNDERTAKER (ADDRESS)

Holland Parkville mo

20. FILED 11-1

1939

S. P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 6 1939

22. I HEREBY CERTIFY, That I attended deceased from

Oct 3 1939, to Oct 6 1939

Last saw her alive on Oct 5 1939. Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemo 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) S. P. Ford, M. D.

(Address) Parkville mo

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.

RECEIVED

District Health Officer No: 11;

District F.I. No: 431-1409

Date Filed NOV 2 1939