

*Dr Callingham*  
 19242  
 Do not use this space.

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

REC JUN 15 1940

1. PLACE OF DEATH  
 (a) County Phelps Registration District No. 677  
 (b) Township Rolla Primary Registration District No. 5901  
 (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 360 yrs. mos. ds. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.  
 2. PRINT FULL NAME Mrs Effie Stroh  
 (a) Residence, No. Rolla Mo - Personal (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Stroh  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1870  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 26  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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 \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Good Hope  
Missouri  
 FATHER 13. NAME Wilfred Mitchell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 MOTHER 15. MAIDEN NAME Ann McFarland  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 17. INFORMANT (ADDRESS) Mrs Millard Eravis  
Rolla Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Peace Lutheran DATE 5/17 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs Harry McCall  
Rolla Mo  
 20. FILED May 17 1940 Jos. F. Ayers  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16 1940  
 22. I HEREBY CERTIFY, That I attended deceased from 10-11-1938 to 5/16 1940  
 I last saw her alive on 5/15 1940 Death is said to have occurred on the date stated above, at 120 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Hypostatic Pneumonia  
following circulatory  
failure as a gradual  
sequence to  
Paralysis agitans  
 Other contributory causes of importance:  
97  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) W. Callingham M. D.  
 (Address) Rolla Mo.

Date of onset 5/12/40  
Several  
years

MARGIN RESERVED FOR BINDING  
 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

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

.....  
Registered Apprentice No. ....

~~working under my personal supervision.~~

RECEIVED

District Health Officer No. 5

District File Number 650 682

Date Filed 6/28/00

Signed R. J. McCaw

Licensed Embalmer No. 3953

P. O. Address Rolla

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**