

JAN 25 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

43602

1. PLACE OF DEATH

County RollsRegistration District No. 726

File No.

Township

Primary Registration District No. 4432

Registered No.

City New London (No. 2)

St. Ward)

2. FULL NAME

George Croghan Strode(a) Residence, No. New London (Usual place of abode)

St. Ward.

(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

Male

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

Anna Leare

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

July 10, 1864

7. AGE

YEARS

MONTHS

DAYS

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

7657

OCCUPATION

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

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)

New LondonMissouri

FATHER

13. NAME Edward B. Strode

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

Missouri

MOTHER

15. MAIDEN NAME Elizabeth Watson

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

Unknown Virginia

17. INFORMANT (ADDRESS)

Harold Strode
New London Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE BankleyDATE December 1940

19. UNDERTAKER (ADDRESS)

Wm Smith 653
902 Broadway Hannibal

20. FILED

Dec 18 1940 Blanchie Ingram

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1940, to Dec 17, 1940I last saw him alive on Dec 17, 1940 Death is saidto have occurred on the date stated above, at 8:20 P.M.

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

Date of onset

Myocarditis

Other contributory causes of importance:

Cholecystitis

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

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)

(Address)

H. J. Waters
New London Mo

M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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. 10

District File Number 1-41-42

Date Filed JAN 7 1941