

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

Do not use this space.

10389

1. PLACE OF DEATH

County Montrou
Township Walden
City (No. _____)

Registration District No. 571
Primary Registration District No. 5769

File No. _____
Registered No. 18 St. _____ Ward)

2. FULL NAME

Harriet Elizabeth Strother

(a) Residence, No. _____ 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 20 - 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	83	3	8	

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

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) Montrou Co

13. NAME Peter Wackerlinz

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

15. MAIDEN NAME Louise Hallaway

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

17. INFORMANT Mrs. F. H. L. Boeckman
(ADDRESS) California mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Springs DATE _____ 19 _____

19. UNDERTAKER H. H. Williams & Friedmeyer
(ADDRESS) California mo

20. FILED Mar 29 1933 Jas. W. Roth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 28 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 3 - 27 - 1933 to 3 - 28 - 1938

I last saw her alive on 3 - 27 - 1923 Death is said

to have occurred on the date stated above, at 10 m.

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

Arteriosclerosis
97
97

Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? Phys. exam 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? No

If so, specify _____

(Signed) H. R. Poppey, M. D.

(Address) California 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

APR 24 1938

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