

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.

OCT 21 1936

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

Do not use this space.

35423

1. PLACE OF DEATH

County *St. Francois*
Township *Spring*
City *St. Francois, Mo.*

Registration District No. *775*
Primary Registration District No. *6020-A*

File No. _____
Registered No. *69*
St. _____ Ward

2. FULL NAME

Harvey Milton Strong
(a) Residence, No. *Bonne Terre, Mo.* Ward. _____
(Usual place of abode)

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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 31, 1904*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 5 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chauffeur*
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) *Bonne Terre Missouri*

FATHER 13. NAME *Harvey Paul Strong*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Osage Missouri*

MOTHER 15. MAIDEN NAME *Ada Hause*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bonne Terre Missouri*

17. INFORMANT (ADDRESS) *Harvey P. Strong Bonne Terre Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Germania Cemetery Sept. 28 1936*

19. UNDERTAKER (ADDRESS) *Denham Undert. Co Bonne Terre Mo*

20. FILED *Sept. 28, 1936* *N. W. Howard* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 26, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *April, 1936, to Sept. 26, 1936*
I last saw him alive on *Sept. 18, 1936* Death is said to have occurred on the date stated above, at *2:50 P. M.*

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

Acute cardiac dilatation
Chronic myocarditis
Date of onset _____
Other contributory causes of importance: _____
Name of operation *none* Date of _____
What test confirmed diagnosis? *physical* 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) *H. M. Roehrer* M. D.
(Address) *Bonne Terre, Mo.*

