

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.

do. By *Mearns*

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

Do not use this space.

FEB 29 1937

7939

1. PLACE OF DEATH

County *St. Francois*
Township *Perry*
City *Booneville, Mo.*

Registration District No. *495*
Primary Registration District No. *6.2.2*

File No. _____
Registered No. *14*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Harvey Paul Strong* St. *R.2* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 4* 19*37*

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

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 4* 1937, to *Feb. 4* 1937
I last saw him alive on *Feb. 4* 1937. Death is said to have occurred on the date stated above, at *10:30 P.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 2, 1870*

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 10 2

Other contributory causes of importance:
None

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farming*
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) *Gal Belle Missouri*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Mrs Harvey Strong (phone) Booneville, Mo. R.2*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Germany, Mo. Feb 7 37*

19. UNDERTAKER (ADDRESS) *Benham and Co Booneville, Mo*

20. FILED *Feb 7* 1937 *H. W. Hawkins* Registrar.

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 _____, 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? _____
If so, specify _____
(Signed) *B. Mearns* M. D.
(Address) *Booneville, Mo*

