

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

14743

1. PLACE OF DEATH
 County Jackson Registration District No. 880
 Township New Primary Registration District No. 13015
 City Kansas City Christage Church Hospital St. 13015 Ward 13015

2. FULL NAME Dr. John Jacob Streng
 (a) Residence No. Metopa Kansas St. 13015 Ward 13015
 (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 male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Sarah Rachel Streng

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 - 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	<u>60</u>	<u>7</u>	<u>23</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Physician and Surgeon
 (b) General nature of industry, business, or establishment in which employed (or employer) 20 yrs.
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6, 1924

17. I HEREBY CERTIFY, That I attended deceased from 4/27, 1924, to 5/6, 1924 that I last saw h. alive on 5/6, 1924, and that death occurred, on the date stated above, at 11:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of colon (Hepatic flexure)
 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Post-operative anemia
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 45
 IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? yes DATE OF 4/29-24
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Homer F. White M. D.
 (Address) 425 Argyle Bldg
 *State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSE, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Indianapolis Indiana 5/6 1924
DATE OF BURIAL
Z. C. DERTAKER Eglar Bros ADDRESS 1800 Linwood

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Hamilton Co Ohio

10. NAME OF FATHER Michael Streng

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Catherine Roomb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) France

14. INFORMANT Mrs Sarah Rachel Streng
 (Address) H. P. Mo.

15. FILED 5/7 24 M. M. Casare REGISTRAR Def

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.

