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

Do not use this space.

10038

1. PLACE OF DEATH

County: Cole — Registration District No.: 1158 — File No.: 17

Township: Orage — Primary Registration District No.: 5296a — Registered No.: 2

City: St Thomas Mo (No. ..... St. ..... Ward)

2. FULL NAME Catherine H. Strop

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

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

7. AGE: Years 67 — Months 6 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Thomas Mo

PARENTS

10. NAME OF FATHER: Henry Gerling
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Agnes Hahn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Gerhard Weber
(Address): St. Thomas Mo.

15. FILED 3/29, 1929 J. G. Schmidt, Deputy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March the 27th 1929 yrs

17. I HEREBY CERTIFY, That I attended deceased from March the 9th, 1929, to March the 27, 1929 that I last saw her alive on March 27th, 1929, and that death occurred, on the date stated above, at 10 O'clock P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
11 R
109 R
(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY): To La-Gripe
(duration) — yrs. — mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Henry C. Werner, M. D
3/28, 1929 (Address) St Thomas Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Thomas Cemetery — DATE OF BURIAL: April 1, 1929

20. UNDERTAKER: Chas P. Henrich — ADDRESS: Jefferson City Mo

H H Strop

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.

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