FEB 25 1931

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

Do not use this space.

6151

File No. 254

Registered No.

1. PLACE OF DEATH

County Lawrence — Registration District No. 467

Township Aurora — Primary Registration District No. 62 80.

City Aurora (No. 47 Highland St. Ward)

2. FULL NAME Jefferson B. Stratton

(a) Residence. No. 428 Highland 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: Male

4. COLOR OR RACE: wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie L. Stratton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 13 1848

7. AGE: Years 82 | Months 10 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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): Ohio

PARENTS

10. NAME OF FATHER: Daniel Stratton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pa.

12. MAIDEN NAME OF MOTHER: Margaret Meyers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pa

14. INFORMANT: Dean Stratton
(Address): Aurora Mo.

15. FILED ....., 19..... B. W. Linnard, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 5th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1931, to Feb. 5, 1931, that I last saw him alive on Jan 20, 1931, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Parenchymatous nephritis

13 Yrs

13 Yrs Prior mucinous (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) old age and cystitis

1 Yr Prior mucinous (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory and clinical

(Signed) T. W. Mullen, M. D.

, 19 (Address) Aurora, 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: Maple Park Cem — DATE OF BURIAL: 2/6 1931

20. UNDERTAKER: King Funeral Home — ADDRESS: Aurora 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 STANDARD INK. USE NO PENCIL, RED INK OR RUBBER STAMPS