

30913-1 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. D

30913-~~1~~

1. PLACE OF DEATH
County Douglas Registration District No. 280
Township Berwyn Primary Registration District No. 3399
City (No.) St. Ward (....)

2. FULL NAME Not named Strout
(a) Residence, No. 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.

File No. 4
Registered No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15, 1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, 2 hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Infant</u>
	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) <u>Cheney, Mo.</u>		
MOTHER	13. NAME	<u>Edward Strout</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>White Hall</u>
	15. MAIDEN NAME	<u>Lora Coats</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Hot Springs, Ark.</u>
17. INFORMANT <u>B. C. Irwin</u>		
(ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>New Hope Cemetery</u>	DATE <u>Sept 16, 1931</u>
19. UNDERTAKER <u>neighbors</u>		
(ADDRESS)		
20. FILED <u>Feb 9, 1932</u> <u>Frank Giles</u>		
Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:
Prematured, 159
no physician attended
B. C. Irwin acting coroner

Other contributory causes of importance:
159

18. Name of operation Date of

19. 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. C. Irwin coroner, M. D.
(Address) Cheney Mo.

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.

FEB 23 1932

