

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.

MAY 28 1932

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

Do not use this space.

15678

1. PLACE OF DEATH
 27 County Cocper. Registration District No. 218
 2 Township Primary Registration District No. 3015
 4 City Boonville (No. Hospital) St. Ward

2. FULL NAME F. Max Strutz.
 (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.
 Registered No. 50
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Belle Strutz.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23" 1872.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Factory.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 58

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
Warsaw Virginia. ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Virginia. ?

FATHER
 13. NAME C. O. Strutz.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 16

MOTHER
 15. MAIDEN NAME Marion Saunders.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia. ?

17. INFORMANT Reg. Strutz.
 (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL Boonville Mo.
 PLACE Walnut Grove Cemetery DATE May 6" 1932

19. UNDERTAKER Goodman & Boller.
 (ADDRESS) Boonville Mo.

20. FILED May 9 1932 G. Russell
 Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4" 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to May 4, 1932
 I last saw him alive on May 4 30, 1932. Death is said to have occurred on the date stated above, at 2 pm.
 The principal cause of death and related causes of importance were as follows:
Carcinoma stomach
1/2 pyloric
46B (1) 46B (2)
 Date of onset

Other contributory causes of importance:

Name of operation Cardiac resection Date of May 2
 What test confirmed diagnosis? laboratory Was there an autopsy? no

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? no
 If so, specify
 (Signed) R. H. Van Raver M. D.
 (Address) Boonville Mo

