

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

Do not use this space.

40529

**PLACE OF DEATH**

County..... Johnson Registration District No. 426  
 Township..... Chilhowee Primary Registration District No. 5581  
 City..... Chilhowee (No. ...., St. ...., Ward) .....

2. FULL NAME..... Eva Day Strawsburg  
 (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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>F</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Jake Strawsburg</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Mch 14th 1890</b>		
7. AGE	YEARS <b>43</b>	MONTHS <b>9</b>
	DAYS <b>4</b>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housewife</b>	
	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) <b>Holden Mo</b>		
FATHER	13. NAME <b>Fred Thompson</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Chilhowee Mo</b>	
MOTHER	15. MAIDEN NAME <b>Stacy Albin</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Iddiana</b>	
17. INFORMANT <b>Jake Strawsburg</b> (ADDRESS) <b>Chilhowee Mo</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Chilhowee Mo</b> DATE <b>12-20-1933</b>		
19. UNDERTAKER <b>Sweeney-Cook</b> (ADDRESS) <b>Chilhowee Mo</b>		
20. FILED <b>Dec 21 1933</b> <i>J. S. Beatty</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 18th-1933**

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1930 to Dec 18 1933, 1933  
 I last saw her alive on Dec 19 1933, 1933. Death is said to have occurred on the date stated above, at I.I.P.m.  
 The principal cause of death and related causes of importance were as follows:  
Brought Disease Date of onset .....

Other contributory causes of importance:  
Quinsy

Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical 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) *J. S. Beatty*, M. D.  
 (Address) Chilhowee 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.

1934  
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