MAY 25 1934

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

Do not use this space.

File No. 15554

Registered No. 18

1. PLACE OF DEATH
County Webster
Township High Prairie
City ..... (No. ..... St. ..... Ward)

Registration District No. 996
Primary Registration District No. 6200

2. FULL NAME Frank Noble Strong
(a) Residence, No. Marshfield, Mo. Teagues Route Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~OR WIFE OF~~ Ollie Crum Strong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1854

7. AGE: YEARS ~~80~~ 79 | MONTHS 10 | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) February, 1934
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) near Sheboygan
(STATE OR COUNTRY) Wisconsin

FATHER
13. NAME Truman Strong
14. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Caroline Austin
16. BIRTHPLACE (CITY OR TOWN) ~~[illegible]~~ Wisconsin
(STATE OR COUNTRY)

17. INFORMANT Frank N. Strong, Jr.
(ADDRESS) Marshfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshfield DATE April 13, 34

19. UNDERTAKER Herman H. Lohmeyer
(ADDRESS) Springfield, Mo.

20. FILED Apr. 15, 1934 Elizabeth Highfill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1932, 1934, to April 7, 1934
I last saw him alive on April 7, 1934. Death is said to have occurred on the date stated above, at 1:14 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	1931
135	
92	

Other contributory causes of importance:

Name of operation No 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) C. P. Macdonnell, M. D.
(Address) Marshfield, 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.