

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

Do not use this space.

227

1. PLACE OF DEATH FEB 20 1935

County Buchanan

Registration District No. 85

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1001

Registered No. 47

City St. Joseph

(No. 2115 So. 10th)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Geraldine Strong

(a) Residence, No. 2115 So. 10th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	29	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Esterville Iowa

13. NAME Leon Strong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wisc.

15. MAIDEN NAME Maude Lauck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ockley Iowa

17. INFORMANT (ADDRESS) Mrs. Wm. Caples 2115 So 10th

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan. 10 1935

19. UNDERTAKER (ADDRESS) Fleeman Mortuary

20. FILED 1-10-35 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1935

22. I HEREBY CERTIFY, That I visited deceased from Jan 9, 1935, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:  
Tuberculosis of lungs

Other contributory causes of importance: no facts

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Test 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 Torrnt Thomas Crooner, M. D.  
(Signed) \_\_\_\_\_ (Address) 731 Garrison

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.

