

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

Do not use this space.

APR 24 1935

9610

**1. PLACE OF DEATH**

57 County Johnson Registration District No. #2 429  
 Township Clarendon Primary Registration District No. 6586  
 City Clarendon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2

**2. FULL NAME**

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse Keeper

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) Knob Knob Va

MOTHER FATHER 13. NAME Wm H - Hardin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) Thomas Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Worshiping by DATE Jan 21 1935

19. UNDERTAKER (ADDRESS) Edwards Brothers

20. FILED Mar 15 1935 T. J. Toren Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from June 30<sup>th</sup> 1934 to March 18<sup>th</sup> 1935  
 I last saw her alive on June 15<sup>th</sup> 1935 Death is said to have occurred on the date stated above, at 6:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
Cirrhosis of Liver  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chemical 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Robertson Taylor, M. D.  
 (Address) R. F. D. Sussling Springs, 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.

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY  
5708 SOUTH CAMPUS DRIVE  
CHICAGO, ILLINOIS 60637  
TEL: 773-936-3700  
FAX: 773-936-3701  
WWW: WWW.CHEM.UCHICAGO.EDU

RECEIVED  
JAN 10 1994  
10 10 AM '94  
CHEMISTRY DEPARTMENT  
5708 SOUTH CAMPUS DRIVE  
CHICAGO, ILLINOIS 60637

TO: [Illegible]  
FROM: [Illegible]  
SUBJECT: [Illegible]

MAY 27 1935

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

Do not use this space.  
ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

## 1. PLACE OF DEATH

County JohnsonRegistration District No. 429

Township .....

Primary Registration District No. 5585

City (No. ....) .....

File No. ....  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

Frances Alewile Strickland

(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.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 18607. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 1 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

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) Crab No. 1013. NAME Wm H. Hardin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Muller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa17. INFORMANT (ADDRESS) Thomas Clark18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Hall DATE Mar 19 193519. UNDERTAKER (ADDRESS) Crab No. 1020. FILED Mar 19 1935 J A Koch Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 193522. I HEREBY CERTIFY: That I attended deceased from June 30 1935 to Mar 18 1935I last saw him alive on June 15 1935 Death is said to have occurred on the date stated above, at 6 A. m.

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

Older stages of Leuer

Date of onset

Other contributory causes of importance:

Name of operation .....

What test confirmed diagnosis? Chrom Was there an autopsy? 

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

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) Robert Tyler, M. D.(Address) R. D. Sweet Springs Mo

MAY 23 1965

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