

REC'D JUN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Webster

Registration District No.

897

File No.

19839

Township

Primary Registration District No.

4543

Registered No.

17

City

Seymour

(No.)

St.

Ward

2. FULL NAME

Mike Strader

363

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OF

Victoria Lupe

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

Feb. 2, 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

57

3

16

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.

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)

Polk Co. Mo.

FATHER

13. NAME

Martin Strader

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

Holland

MOTHER

15. MAIDEN NAME

Sarah Wiley

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

Indiana

17. INFORMANT (ADDRESS)

Mrs. Victoria Strader
Seymour, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Seymour

DATE

May 20, 1938

19. UNDERTAKER (ADDRESS)

Killey Ferrell
Seymour, Mo.

20. FILED

5/19

1938

R. E. Mims Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

3/27

1935

to

5/18

1938

I last saw him alive on

5/12

1938. Death is said

to have occurred on the date stated above, at 4:30 P.M.

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

Date of onset

Circumference of Aortic Aorta (Specific) about 1920

Other contributory causes of importance:

Cardiac Hypertrophy & failure

Name of operation

none

Date of

What test confirmed diagnosis? X-Ray

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)

E. D. Callaway, M. D.

23

(Address) Springfield, Mo

34

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH *Hebster*
 County *Hebster* Registration District No. *897*
 Township Primary Registration District No. *4543*
 City (No) St. Ward

2. FULL NAME *Mike Strader*
 (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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. *19839*
 Registered No. *17*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 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)

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>57</i>	<i>2</i>	<i>16</i>	

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 18 1938*

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the stated above, at..... m.

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

*Arteriosclerosis Aortic Arch
 Specific # Syphilis
 Cardiac hypertrophy + failure*

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 *Yes*
 (Signed) *Wm. D. Callaway* M. D.
 (Address) *Springfield Mo*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important.

Registrar.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

1954

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