

1860 AUG 19 1939

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

Do not use this space.

1. PLACE OF DEATH  
108 County Wenon Registration District No. 877  
Township Bacon Primary Registration District No. 6165-  
City (No. ) St. Ward  
2. FULL NAME Hiram Jerome Stroscider  
(a) Residence, No. 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.

27107

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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) Nov 21 - 1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 8 8  
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) May 1939 11. Total time (years) spent in this occupation 60  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodson County Kansas  
13. NAME John Jerome Stroscider  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va  
15. MAIDEN NAME Nancy Jane Wilcox  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
17. INFORMANT (ADDRESS) Wm Stroscider Schell City Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cem DATE July 31, 1939  
19. UNDERTAKER (ADDRESS) Auto Services & Co Schell City Mo  
20. FILED July 31, 1939 Pharley Rapp Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1939  
22. I HEREBY CERTIFY That I attended deceased from April 2, 1938 to July 25, 1939  
I last saw him alive on July 25, 1939 Death is said to have occurred on the date stated above, at 10:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Endocarditis  
Date of onset long time ago  
Other contributory causes of importance:  
Dilated Heart & Aortic Regurgitation  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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.P. Colson M. D.  
(Address) Schell City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7

District File Number 7-39-118

Date Filed 8-9-39