Usual Residence same as 1.

FILED SEP 8 1941

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

034 0 0

Do not use this space.

28205

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

1. PLACE OF DEATH

County: Douglas — Registration District No. 1071 — File No.

Township: Walls — Primary Registration District No. 5398 — Registered No. 846

City: Sweden (No. ..... St. ..... Ward)

2. FULL NAME: Pauline Strong

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
6	8	29	

OCCUPATION

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): Sweden, Missouri

FATHER

13. NAME: Otis Strong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden, Missouri

MOTHER

15. MAIDEN NAME: Ethel Simmons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden, Missouri

17. INFORMANT (ADDRESS): Otis Strong, Sweden, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Loftin DATE 8-6-41 19

19. UNDERTAKER (ADDRESS)

20. FILED 9-8 1941 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5th 1941. 19

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1941, to Aug 6, 1941

I last saw h. alive on Aug 3, 1941. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

	Date of onset
Staphylococcus Septicemia from Otitis Unknown origin	June 1 1941

Other contributory causes of importance: None

Name of operation: Exploratory — 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?
If so, specify

(Signed) R. M. Norman, M. D.

(Address) Ava, Mo

116

R. M. Norman

RECEIVED
District Health Officer No. 6,
District File Number 941-1448
Date Filed SEP 4 1941

. No. 2B
—8-21-41
-I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28205

Registration District No. 107-1 Primary Registration District No. 5398 Registrar's No. 86

1. PLACE OF DEATH:

(a) County: Douglas

(b) City or town: Sweden
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Pauline Strong

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director: Friends

(b) Address: none

19. (a) 8-31-1941 (Date received local registrar) (b) Cecil H. White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 31 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY