

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

Do not use this space.

4371

1. PLACE OF DEATH

County Boley
Township Liberty
City Liberty (No.)

Registration District No. 209
Primary Registration District No. 2012

File No.
Registered No. 11
St. Ward

2. FULL NAME

(a) Residence No. John Henry Straughter St. Ward
(Usual place of abode) Liberty Mo

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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)

Aug. 11 - 1892

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|-------|--------|------|--|
| 35 | 5 | 28 | |

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

Laborer

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

Liberty Mo

10. NAME OF FATHER

Francis Straughter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Liberty Mo

12. MAIDEN NAME OF MOTHER

Nancy Boggers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Leavenworth Mo

14. INFORMANT (Address)

Joe Straughter
Liberty Mo

15. FILED

3/1/1928

W. H. G. G. G.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb. 9 - 1928

17.

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiation
in burning building
180 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

178 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

18 DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. G. G. G. M. D.
2/11, 1928 (Address) Liberty Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Fairview Liberty Mo

2/12 1928

20. UNDERTAKER

ADDRESS

Church-Ancher Co Liberty 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.

1928

NOV 19 1954

SEP 11 1954