

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township Marion
City Marion, Mo. (No. _____) (Ward _____)

Registration District No. 211
Primary Registration District No. 5291

File No. 2478
Registered No. 2

2. FULL NAME

STERLING HAROLD STROTHER

(a) Residence, No. Marion, Mo. St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 28 - 1935</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>1</u>
	DAYS <u>—</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. a child

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) FEB 28 1938

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Marion, Mo.
(STATE OR COUNTRY)

13. BIRTHPLACE (CITY OR TOWN) Howard Strother
(STATE OR COUNTRY)

14. BIRTHPLACE (CITY OR TOWN) Olean, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Grace Severe

16. BIRTHPLACE (CITY OR TOWN) Brunley, Mo.
(STATE OR COUNTRY)

17. INFORMANT Howard Strother
(ADDRESS) Marion, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE Jan 29, 1938

19. UNDERTAKER Bruschers
(ADDRESS) Jefferson City, Mo.

20. FILED 1/29 38 H.T. Leach M.D.
registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1938, to January 28, 1938

I last saw him alive on January 28, 1938. Death is said to have occurred on the date stated above, at 11:00 p.m.

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

Diphtheria Date of onset _____

Other contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis? throat Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 decedent? no

If so, specify _____

(Signed) Franz Nichols M. D.
Weston, Mo. (Address)

RECEIVED
FEB 28 1938
BUREAU OF VITAL STATISTICS
MISSOURI STATE BOARD OF HEALTH

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.

