

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

Do not use this space.

MAR 20 1936

1. PLACE OF DEATH

County St. Francois Registration District No. 775
 Township Parry Primary Registration District No. 6020-A
 City Bonne Terre (No. Bonne Terre Hospital) St. _____ Ward _____

File No. 7442
 Registered No. 12

2. FULL NAME

(a) Residence, No. Farmington, Mo. R.R. 4 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Berta Lee Straghan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 1871</u>		
7. AGE	YEARS	MONTHS
<u>65</u>		<u>1</u>
		DAYS
		<u>9</u>
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.		
<u>farmer</u>		
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) <u>Farmington Mo.</u>		
13. NAME <u>J. C. Straghan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
15. MAIDEN NAME <u>Mary E. Swanson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmington Mo.</u>		
17. INFORMANT <u>Russell Straghan</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park View</u> DATE <u>Feb 26 1936</u>		
19. UNDERTAKER <u>Cozcan Und. Co.</u> (ADDRESS) <u>Farmington Mo.</u>		
20. FILED <u>Feb 26 1936</u> <u>N. W. Henshaw</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to July 24, 1936
 I last saw him alive on July 24, 1936. Death is said to have occurred on the date stated above, at 5:30 P m.
 The principal cause of death and related causes of importance were as follows:
acute dilatation of heart.
 Other contributory causes of importance:
Chronic myocarditis.

Name of operation Cholec 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 Rapshery
 (Signed) _____, M. D.
 (Address) Farmington Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

