

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

16 3689

1. PLACE OF DEATH
 County North Registration District No. 1112 File No. 16 3689
 Township Missouri Primary Registration District No. 6213 Registered No. 17
 City..... (No.....) St..... Ward.....

2. FULL NAME Robert Stricklen
 (a) Residence. No..... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 4 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Robert Stricklen

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

12. MAIDEN NAME OF MOTHER Carolina Smith

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

14. INFORMANT Mrs Robt Pringle
 (Address) St Joe Mo

15. FILED 1/26 26 A Andrews
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 19 26

17. I HEREBY CERTIFY That I attended deceased from Jan 25 1926 to Jan 25 1926 that I last saw h. alive on Jan 25 1926 and that death occurred, on the date stated above, at 5:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
9 1/2 hrs
17 1/4 hrs
 (duration)..... yrs..... mos. 16 ds.
 CONTRIBUTORY Age of Arteriosclerosis
 (SECONDARY) (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 (1) DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Cerebral
 (Signed) A Andrews M. D.
1/25 1926 (Address) North Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grand City Mo DATE OF BURIAL 1-27 26

20. BURIAL TAKER A Andrews ADDRESS North Mo

FEB 23 1926