10672

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

1. PLACE OF DEATH
County Adair — Registration District No. 5 — File No.
Township Nineveh — Primary Registration District No. 50023 — Registered No. 11
City (No. St. Ward)

2. FULL NAME Elizabeth Stroup
(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 Fl.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Stroup.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8 1834
7. AGE YEARS 91 MONTHS 3 DAYS 11 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work
(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) Pa.

PARENTS
10. NAME OF FATHER Frank Mennon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Guiseling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa.

14. INFORMANT J F Stroup (Address) Novinger Mo
15. FILED 4/21 1925 J S Gashwiler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1925
17. I HEREBY CERTIFY, That I attended deceased from April 19, 1925 to April 20, 1925 that I last saw her alive on April 19, 1925 and that death occurred, on the date stated above, at 2 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Disease of The Heart
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) H. T. Garrison, M.D.
4-21, 1925 (Address) Novinger 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Novinger Cemetery — DATE OF BURIAL 4/21 1925
20. UNDERTAKER Llewellyn & Son — ADDRESS Novinger 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.

Revised United States Standard Certificate of Death

19

...ved by U. S. Census and American Public Health Association.]

...t of Occupation.—Precise statement of ...very important, so that the relative ...arious pursuits can be known. The ... each and every person, irrespec- ...any occupations a single word or ...will be sufficient, e. g., *Farmer* or ...*mpositor, Architect, Locomo-* ...*r, Stationary fireman*, etc. ...ly in industrial employ- ...w (*a*) the kind of work ... business or industry, ... is provided for the ...only when needed. ...*n mill;* (*a*) *Sales-* ...*utomobile fac-* ... part of the ...," "Fore- ...re

"Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.,) "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and ...nsequences (e. g., *sepsis, tetanus*) may be stated ...der the head of "Contributory." (Recommenda- ...on statement of cause of death approved by ...e on Nomenclature of the American ...sociation.)

...ay add to above list of undesir- ...rtificates containing them. ...City states: "Certificates ...ation which give any of ...tion, as the sole cause ..., convulsions, hemor- ...ingitis, miscarriage, ...ticemia, tetanus." ...ggested will work ...ded at a later

...TH.

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Registration District No. ..... File No. .....
Primary Registration District No. ..... Registered No. .....
(No. ..... St. ..... Ward)
(If nonresident give city or town and State)
How long in U.S., if of foreign birth? yrs. mos. ds.

...ILARS

WIDOWED OR ...ed)

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

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I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... that I last saw h..... alive on ..... 19 ..... and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

...ATION) yrs. mos. ds.

...ATION) yrs. mos. ds.

...ARY

MEDICAL CERTIFICATE OF DEATH

...ARIAL

...r CAUSES, state ... SUICIDAL, or

...M. D