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

Do not use this space.

17202

DEC 30 1927

1. PLACE OF DEATH
County: Saline
Township: Marshall
City: ~~Marshall~~
Registration District No. 796
Primary Registration District No. 6039
File No.
Registered No. 69
(No. ..... St. ..... Ward)

2. FULL NAME: Goldie May Stroud
(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 4 yrs. 2 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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): November 3, 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
22	5	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ——
(c) Name of employer: ——

9. BIRTHPLACE (CITY OR TOWN): Seymour
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Henry Stroud
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bentonville
(STATE OR COUNTRY): Arkansas
12. MAIDEN NAME OF MOTHER: Mary E. Pryor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Seymour
(STATE OR COUNTRY): Missouri

14. INFORMANT: Missouri State School Records
(Address): Marshall, Missouri

15. FILED 4/9, 1927 D. F. Manning
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 5, 1927

17. I HEREBY CERTIFY, That I attended deceased from October 20, 1925, to May 5, 1927 that I last saw her alive on May 5, 1927, and that death occurred, on the date stated above, at 10:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Purulent Bronchitis (non-tubercular)
106B
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 99B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. P. Crank, M.D.
May 6, 1927 (Address) Mo. State School, Marshall 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: Mo State School Cem
DATE OF BURIAL: May 9 1927
20. UNDERTAKER: R. W. Campbell
ADDRESS: Marshall 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.