

14 AUG 22 1929

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

Do not use this space.

23969

1. PLACE OF DEATH

County Sallaway
Township Fulton Mo
City Fulton Mo (No. _____) St. _____ Ward _____

Registration District No. 104
Primary Registration District No. 5008

File No. _____
Registered No. 144

2. FULL NAME Ina Stroup

(a) Residence. No. Bowling Green Mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 5 da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Oct - 8 - 1884

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>9</u>	<u>5</u>	

8. OCCUPATION OF DECEASED 84

(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) Bowling Green Mo
(STATE OR COUNTRY)

10. NAME OF FATHER J. D. Stroup

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

12. MAIDEN NAME OF MOTHER Sallie Penner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bowling Green Mo
(STATE OR COUNTRY)

14. INFORMANT State hospital records
(Address) Fulton Mo

15. July 13, 1929 R. N. Crews
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July. 13 - 1929

17. I HEREBY CERTIFY, That I attended deceased from May, 1927, to July 13, 1929, that I last saw h. or alive on July 13, 1929, and that death occurred, on the date stated above, at 10:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Exhaustion & mal-nutrition resulting from chronic insanity
Deceased took no food voluntarily for many months and did not rest except when te-strained

CONTRIBUTORY Dementia Praecox - catatonie
(SECONDARY)
Type 7M (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRAATED Bowling Green Mo
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) J. R. Frazer, M. D.
7-13-1929 (Address) Fulton State Hospital

*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 Record Building, Fulton Mo DATE OF BURIAL July 14, 1929

20. UNDERTAKER W. B. Emmer ADDRESS Bowling Green

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.

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