

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

Do not use this space.

74

1. PLACE OF DEATH

County Barry
Township Wheaton
City _____ (No. _____)

Registration District No. 31
Primary Registration District No. 5042A

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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

Lula Stroup

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

Jan 9 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

69

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

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)

Lawrence, Kan

10. NAME OF FATHER

William Stroup

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind

12. MAIDEN NAME OF MOTHER

Emma Seibert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind

14. INFORMANT

(Address)

Lula Stroup
Purdy mo RFD 1

15. FILED

210 19 30 Mattie Blanshard

REGISTRAR

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

Jan 25, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1929, to Jan 20, 1930 **that I last saw him alive on** Jan 19, 1930, and that death occurred, on the date stated above, at 10:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis 121
Chronic Myocarditis 121
Arterio-sclerosis 121
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Senility
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? In DATE OF

no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) C. W. Poor M. D.

19 (Address) Wheaton 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

DATE OF BURIAL

Murray Cemetery Jan 26 1930

20. UNDERTAKER

ADDRESS

Belka Stessel Wheaton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2

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APR 30 1949