OCT 28 1930

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

Do not use this space.

29458

1. PLACE OF DEATH
County Cole
Township Osage
City ..... (No. ..... St. ..... Ward)

Registration District No. 1158
Primary Registration District No. 5296a

File No. 18
Registered No. 4

2. FULL NAME Not Named (Stroop)

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 27-1930

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 3 hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Cole Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Henry P. Stroop
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cole Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Agnes Grebbering
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cole Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT John Guthrie
(Address) St Thomas

15. FILED 9/28, 1930. J. G. Schmidt, Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27 1930

17. 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:

Premature Birth - 7th Month Gestation

159 (duration) ..... 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? .....
(Signed) S. E. Gaston, M. D.
9/28, 1930 (Address) Meta

*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: St Thomas Cemetery
DATE OF BURIAL: 9/28 1930

20. UNDERTAKER: T. B. Walthers
ADDRESS: St Thomas

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.