

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

Do not use this space.

30604

1. PLACE OF DEATH

County Buchanan County Registration District No. 85

Township St. Joseph, Mo. Primary Registration District No. 1001

City St. Joseph, Mo. (No. 5220 Halsey)

File No. _____
Registered No. 968
St. _____ Ward _____

2. FULL NAME

Evelyn Stroud
(a) Residence, No. 5220 Halsey St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 2, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest City, Missouri

13. NAME Lewis Stroud

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest City, Missouri

15. MAIDEN NAME Ruth Overman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland, Kansas

17. INFORMANT (ADDRESS) Lewis Stroud, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE Sept. 23, 1931

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home, St. Joseph, Mo.

20. FILED 9. 23, 1931 John K. Bender, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2/24, 1931, to 9-20, 1931

I last saw him alive on 9-20, 1931. Death is said to have occurred on the date stated above, at 7:00 P. M.

The principal cause of death and related causes of importance were as follows:

Endocarditis, Chronic Date of onset 5/23/31

92A
56E 92A

Other contributory causes of importance:

Rheumatic Fever 4/24/31

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) C. S. Trauson, M. D.
(Address) 101 1/2 W. MO. ST.

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.

OCT 28 1931

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