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

Do not use this space.

39891

File No. .....

Registered No. 145

1. PLACE OF DEATH
County Stoddard
Township 36
City Puxico (No. ..... St. ..... Ward)

Registration District No. 840
Primary Registration District No. 6-1-02

2. FULL NAME Lora Lacornie 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 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6-1903

7. AGE: Years 28 | Months 5 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Puxico (STATE OR COUNTRY) Stoddard Co Mo

FATHER
13. NAME James Shannon
14. BIRTHPLACE (CITY OR TOWN) Puxico Mo (STATE OR COUNTRY) Stoddard Co

MOTHER
15. MAIDEN NAME Esther Ellis
16. BIRTHPLACE (CITY OR TOWN) Golconda Ill (STATE OR COUNTRY) Pope Co

17. INFORMANT Exter Christian (ADDRESS) Puxico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elliott grave yard DATE Dec 1 1931

19. UNDERTAKER Hickman & White (ADDRESS) Puxico Mo R3

20. FILED 12-11 1931 E L Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1931, to Nov 30 1931
I last saw her alive on Nov 30 1931. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Malaria	D.K.
38	38

Other contributory causes of importance: unknown

Name of operation none Date of —
What test confirmed diagnosis? Clinical 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) Edward Ford, M. D.
(Address) Bloomfield 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 28 1931