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.

21 1932

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 130 — File No. 3979

16 Township Liberty — Primary Registration District No. 5181 — Registered No.

City Crump (No. , St. Ward)

2. FULL NAME Della Irene Stroder

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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: daughter L. S. Inda M. Stroder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 1, 1932

7. AGE: YEARS 0 — MONTHS 0 — DAYS 10 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Crump Mo.

FATHER
13. NAME: L. S. Stroder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Millersville Mo.

MOTHER
15. MAIDEN NAME: Ida M. Ervin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): near Houck Mo.

17. INFORMANT (ADDRESS): L. S. Stroder Crump Mo.

18. BURIAL, CREMATION, OR REMOVAL: Stroder Cemetery PLACE Burfordville Mo. DATE Feb. 10, 1932

19. UNDERTAKER (ADDRESS): Crawford-Miller Jackson Mo.

20. FILED 2/11 1932 J. M. Slagle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 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

Bobe was born on Feb 1st 1932 I attended at birth but didn't see it any more was called this morning but bobe died with what

Other contributory causes of importance: Family Called Convulsions before I got here

Name of operation: (1) Date of

What test confirmed diagnosis? Was there an autopsy?

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) H. A. L. Seabaugh, M. D.
(Address) Jackson Mo.