

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

Do not use this space.

38161

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **9795**
St..... Ward)

2. FULL NAME

(a) Residence, No. **1842 S. 12th St.** Ward. **23**
(Usual place of abode)
Length of residence in city or town where death occurred **38** yrs. mos. ds. How long in U. S., if of foreign birth? **38** yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Myrtle Stroud				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1875				
7. AGE	YEARS 58	MONTHS 3	DAYS 16	If LESS than 1 day, hrs or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia			
	13. NAME Mike Stroud			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia			
MOTHER	15. MAIDEN NAME Antoinette Deers			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia			
17. INFORMANT (ADDRESS) Wm. C. Moyall City Hosp				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's & Paul DATE Nov 13, 1933				
19. UNDERTAKER (ADDRESS) Wm. C. Moyall City Hosp				
20. FILED NOV 17 1933 J. Bredek Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 10**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **9-18**, 19**33** to **11-10**, 19**33**
I last saw him alive on **11-10**, 19**33**. Death is said to have occurred on the date stated above, at **5:10** a.m.
The principal cause of death and related causes of importance were as follows:
Lung abscess Date of onset **107th**
114th

Other contributory causes of importance:
Bacterial pneumonia

Name of operation..... 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?.....
If so, specify.....
(Signed) **St. Peter's & Paul**, M. D.
(Address).....

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.

FBI

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