MAR 24 1934

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

Do not use this space.

4633

File No.

Registered No.

1. PLACE OF DEATH

39 County Greene

Township Robberson

City Willard, Mo. R#1 (No. St. Ward)

Registration District No. 324.

Primary Registration District No. 5449.

2. FULL NAME John Wesley 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 M

4. COLOR OR RACE Blk

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
29	2	12.	

OCCUPATION

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

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) Greene Co. Mo.

FATHER

13. NAME William Stroud

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Mo.

MOTHER

15. MAIDEN NAME Della Yocum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo.

17. INFORMANT (ADDRESS) William Stroud Willard, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cave Springs DATE 2-11 1934

19. UNDERTAKER (ADDRESS) Brown Funeral Home Walnut Grove, Mo.

20. FILED Feb. 20, 1934 Mrs. Guy Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1934, to 2-7-, 1934

I last saw him alive on Feby 1st, 1934. 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:

Pulmonary Tuberculosis — Date of onset 1932

23A

23

Other contributory causes of importance: Nasal Comp.

Name of operation none Date of

What test confirmed diagnosis? Usual Sym. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ✓, 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. J. Kindle, M. D.

(Address) Bois Dare, 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.