

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.

56
AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Lewis Registration District No. 477
Township Dickerson Primary Registration District No. 3694
City (No.) St. Ward

File No. 25312
Registered No. 40

2. FULL NAME Kasandre Burford Stroup

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

Length of residence in city or town where death occurred 5 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 10 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Montgomery Co.
(STATE OR COUNTRY) Ky.

13. NAME John Halley

14. BIRTHPLACE (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

15. MAIDEN NAME Armina Jones

16. BIRTHPLACE (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Mina McCann
(ADDRESS) Lewistown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewistown, Mo. DATE July 25, 1934

19. UNDERTAKER James Aloder
(ADDRESS) Lewistown, Mo.

20. FILED July 24, 1934 H. W. Harris
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to July 23, 1934
I last saw her alive on July 21, 1934. Death is said to have occurred on the date stated above, at 6 P. M.

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

Chronic interstitial nephritis
Date of onset

Other contributory causes of importance: 131

Name of operation _____ Date of _____
What test confirmed diagnosis? lymphatic 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) H. B. Rippland
(Address) Wentworth

1951