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.

OCT 26 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan, Registration District No. 86 File No. 32075

Township Washington, Primary Registration District No. 5127 Registered No. 85

City (No. Buchanan Co. Mo. Children's Home St. Ward)

2. FULL NAME Lovell Stroud,

(a) Residence, No. R.F.D. # 3, St. Joseph, St. Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 29 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): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1934

7. AGE: YEARS | MONTHS 1 | 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. Child,
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) Buchanan County, Missouri,

FATHER
13. NAME Byron A. Stroud,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton, Missouri,

MOTHER
15. MAIDEN NAME Irene L. Slaybaugh,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewartsville, Missouri,

17. INFORMANT (ADDRESS) Byron A. Stroud R.F.D. # 3, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freeman Chapel DATE Sept. 25, 1934

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman St. Joseph, Mo. Funeral Home

20. FILED Sept 25, 1934 C. Fanstone Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1934, to Sept 24, 1934

I last saw her alive on Sept 23, 1934 Death is said to have occurred on the date stated above, at 5:47 a.m.

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

	Date of onset
Bronchopneumonia	9-22-34
88A	
107A	
11a	

Other contributory causes of importance:

Influenza	9-21-34

Name of operation None Date of

What test confirmed diagnosis? None 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) W. Roger Moore, M. D.

(Address) St Joseph Mo