

27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Duck Creek
City Keosauqua Mo. (No. _____)

Registration District No. 840
Primary Registration District No. 6103

File No. 40102-a
Registered No. 48
St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) May 29 - 1830

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 4 11

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) Stoddard Co Mo.

FATHER 13. NAME W. A. Stroup

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

MOTHER 15. MAIDEN NAME Cynthia Daniels

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

17. INFORMANT (ADDRESS) W. A. Stroup
Keosauqua Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harper Cave Mo. DATE Oct 11 1937

19. UNDERTAKER (ADDRESS) Thermon White Stouck
Keosauqua Mo.

20. FILED Oct 10 1937 Thermon B. Glendon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1937

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 P. m.

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

Shot Gun Wound
in head

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Egan Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury Oct 10 1937

Where did injury occur? Stoddard Co Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Wound in left side

Nature of injury Shot Gun Wound

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

If so, specify Lloyd S. Morgan

(Signed) _____, M. D.

(Address) Keosauqua 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.

