

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

Do not use this space.

DEC 30 1936

1. PLACE OF DEATH

County Webster
Township E. Dallas
City Marshfield (No. _____) St. _____ Ward _____

Registration District No. 898
Primary Registration District No. 6204

File No. 43620
Registered No. 23

2. FULL NAME

(a) Residence, No. Seigel Francis Stroud
(Usual place of abode) Route 3 Marshfield, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>10</u>	<u>10</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farm</u>
	10. Date deceased last worked at this occupation (month and year) <u>1936</u>	11. Total time (years) spent in this occupation <u>life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.

MOTHER FATHER 13. NAME Merrit Francis Stroud

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

MOTHER 15. MAIDEN NAME Betsy (Unknown)

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

17. INFORMANT Merrit Stroud
(ADDRESS) Northview, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Steward DATE Nov. 22, 1936

19. UNDERTAKER Rex Rainey
(ADDRESS) Marshfield, Missouri.

20. FILED 11-22-36 Deater W. Good
a.m. 6. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936 to Nov. 21, 1936

I last saw him alive on Aug. 1, 1936 Death is said to have occurred on the date stated above, at 7:20 A.M.

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

Cardio-Vascular-Renal disease
Cerebral Hemorrhage
Cardiac Failure-Terminal

Date of onset
Years:
8/1/36

Other contributory causes of importance:
21

Name of operation No Date of _____
What test confirmed diagnosis? Clinical 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) C. P. McDonnell, M. D.
(Address) Marshfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

