

REC'D JUL 25 1938

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

23112

Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 839
 (b) Township Richland Primary Registration District No. 6101-
 (c) City Morehouse (d) Street No. _____ Registered No. 21.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Elbert Glenn Stroud 363
 (a) Residence, No. Morehouse St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1937

7. AGE - YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 4 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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 County, Mo.

FATHER 13. NAME Oscar Stroud

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

MOTHER 15. MAIDEN NAME Ruth Jordan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard county, Mo.

17. INFORMANT (ADDRESS) Oscar Stroud
Morehouse, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Idalia, Mo. DATE June 2 38

19. FUNERAL DIRECTOR (ADDRESS) Welsh Funeral Home
Sikeston, Mo.

20. FILED 7-12 1938 J. R. Brandon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1938

22. I HEREBY CERTIFY, that I attended deceased from May 29 1938, to June 2 1938

I last saw him alive on May 29 1938. Death is said to have occurred on the date stated above, at 6:29 a.m.
 The principal cause of death and related causes of importance were as follows:

Colitis119 P

Date of onset

W.K.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Edm. 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) Dr. Edward Ford M. D.

7574 (Address) Bloomfield Mo.

