DEC 15 1938

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

38764
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway 3 Registration District No. 104
(b) Township Fulton 1 Primary Registration District No. 3008 Registered No. 280
(c) City Fulton (d) Street No. St.
(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. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James H. Stroup
(a) Residence, No. Baltimore Mo. St.
(Usual place of abode, if no street address, write county or city) (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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hattie Stroup
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 5, 1876
7. AGE: Years 62 Months 8 Days 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Missouri

FATHER
13. NAME: Sam Stroup
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K.

MOTHER
15. MAIDEN NAME: Sarah Dees
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K.

17. INFORMANT (ADDRESS): Records of Cancer Hospital Fulton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Williamsville DATE 11/16 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hughes Mauphin Auxvasse Mo.
20. FILED Nov. 14, 1938 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1938 to Nov 14, 1938
I last saw him alive on Nov 14, 1938 Death is said to have occurred on the date stated above, at 11 30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of the pancreas	D.K.
Other contributory causes of importance:	
Metastatic Carcinoma of liver	D.K.
Bronchopneumonia	D.K.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) F. S. Lapp, M. D.
(Address) Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

.....; or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed.....

Licensed Embalmer No. .....

P.O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.