

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

Do not use this space.

18729

1. PLACE OF DEATH
 108 County Vernon Registration District No. 878
 Township Over Primary Registration District No. 6666
 City (No) _____ St. _____ Ward _____

2. FULL NAME Frank Marion Stroud
 (a) Residence, No. Power Township St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Jan 10 1933 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. I. K. Indiana

13. NAME Marion Stroud

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. I. K. Indiana

15. MAIDEN NAME Bell Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. I. K. Indiana

17. INFORMANT Bell C Stroud (ADDRESS) mile mo

18. BURIAL, CREMATION, OR REMOVAL Office Branch DATE 5 - 30 1933

19. UNDERTAKER Finey Funeral Home (ADDRESS) Newada mo

20. FILED May 30 1933 Carroll T. Boney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25 1933, to May 25 1933.
 I last saw him alive on May 25 1933. Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:
Influenza
950
11B 930

Date of onset May 20 1933

Other contributory causes of importance:
Chronic myocarditis

Name of operation None Date of _____
 What test confirmed diagnosis? Chronic 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) William E. Altham, M. D.
 (Address) Sheldon mo

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.

JUN 24 1933

