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.

JAN 18 1937

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

Do not use this space.

44001

1. PLACE OF DEATH
County Cape
Township
City Cape Girardeau (No. A. E. Hospital St. Ward)
Registration District No. 120
Primary Registration District No. 3009
File No.
Registered No. 410

2. FULL NAME Mrs Burl Stroder
(a) Residence, No. R#2 - White water Mo. Ward. R2 Whitewater Mo.
(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: Female
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: Wife of Mr Vitallis Stroder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22. 1904

7. AGE: 32 YEARS | MONTHS: 9½ mo | DAYS: 4 days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
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): Cape Girardeau Co.

FATHER
13. NAME: Mr. Thomas Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape County

MOTHER
15. MAIDEN NAME: Mrs Hanna Statler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape County

17. INFORMANT (ADDRESS): Mr Vitallis Stroder Husband

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Allen Cem DATE: 12-5 1936

19. UNDERTAKER (ADDRESS): Cra Croft Jackson

20. FILED 12-4 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-4- 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/2 1936 to 12/4 1936
I last saw h..... alive on Dec. 4th 1936. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis Ruptured Appendix	11/26/36

Other contributory causes of importance:

Name of operation: Stab Wound & Dilis Date of 12/2/36
What test confirmed diagnosis? Gen'l Sign 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?
If so, specify
(Signed) O. Seabaugh, M. D.
(Address) Cape Girardeau Mo.