

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Exeter
City Exeter (No.)

Registration District No. 34
Primary Registration District No. 6239

File No. 7728
Registered No. 5
St. Ward)

2. FULL NAME S. Powell McKruder

(a) Residence, No. 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 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 Manerine McKruder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
82 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bullitt Co., Ky.

MOTHER 13. NAME Livy McKruder

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

15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT H. L. McKruder (ADDRESS) Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE 3-24 1934

19. UNDERTAKER M. D. Toon (ADDRESS) Cassville, Mo.

20. FILED 3-24- 1934 Mrs. H. P. Seary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1934 to Mar. 19 1934
I last saw him alive on Mar. 19 1934 Death is said to have occurred on the date stated above, at 8:45 AM.
The principal cause of death and related causes of importance were as follows:

Date of onset 3/16/34
Hemiplegia
82L
Other contributory causes of importance:
Essential Hypertension
Pan valvular regurgitation + fibrillation

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

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 no
(Signed) E. J. McDaniel
(Address) Cassville, 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. 1934

Antioch 2 8

