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.

Vw 4930

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

Do not use this space.

8164

File No. .....

Registered No. 3317

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kansas City — Primary Registration District No.: 1002

City: K.C., Mo. (No. St. Marys Hosp. St., Ward)

2. FULL NAME: Andrew J. Trousdale

(a) Residence. No. 520 W. 31st St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Esther Francis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 26 - 1896

7. AGE: Years 30 — Months 8 — Days 14 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): R. L. Dunlap & Co.
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): ...
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Duncan Francis

11. BIRTHPLACE OF FATHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Ky.

12. MAIDEN NAME OF MOTHER: Eliza Doyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Mo.

14. INFORMANT: William Francis
(Address): 1310 W. 13th.

15. FILED 3/10, 1927. M. M. Browne, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/10 1927

17. I HEREBY CERTIFY, That I attended deceased from 3/5, 1927, to 3/10, 1927, that I last saw him alive on 3/8, 1927, and that death occurred, on the date stated above, at St Marys Hospital

THE CAUSE OF DEATH* WAS AS FOLLOWS: 10/30a

Ruptured aneurysm
Left ascending Thoracic
1214
93A
36 (duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Myocarditis Acute
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: ...

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/8/27

WAS THERE AN AUTOPSY? Refused

WHAT TEST CONFIRMED DIAGNOSIS? Roentgen

(Signed) D. I. Shelp, M. D.

3/10, 1927 (Address) 1215 Rialto Bldg KC Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Linton Mo — DATE OF BURIAL: March 11 1927

20. UNDERTAKER: Mac C. L. Forster — ADDRESS: K.C. Mo.

636 Argyle.