

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

Do not use this space.

UG 16 1927

21150

1. PLACE OF DEATH  
 County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 1230 Rogers)  
 Registered No. 431  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George W. Trotter  
 (a) Residence. No. 1230 Rogers 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) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14 1853  
 7. AGE  
 YEARS 74 MONTHS 3 DAYS 26  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. OCCUPATION OF DECEASED Laborer  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1927  
 17. HEREBY CERTIFY That I certified deceased from July 5 1927 to July 10 1927  
 that I last saw him alive on July 7 1927, and that death occurred, on the date stated above, at 74 A a.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
82A  
apoplexy  
 (duration) yrs. mos. ds. 5  
 CONTRIBUTORY (SECONDARY) 74 A  
 (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. S. Bruton, M. D.  
 (Address) Springfield 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 DATE OF BURIAL  
Eastlawn Cemetery July 11 1927  
 20. UNDERTAKER W. Flugner Co  
 (Address) 401 S. 5th Springfield Mo.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 10. NAME OF FATHER Ephraim Trotter  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Carolina  
 12. MAIDEN NAME OF MOTHER Pauline Robinette  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 14. INFORMANT G. Trotter  
 (Address) Springfield, Mo.  
 15. FILED 7/11 27 OCT 1927  
 REGISTRAR

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.

