

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

Do not use this space.

37587

1. PLACE OF DEATH

County Mississippi Registration District No. 566
 Township Jefferson Primary Registration District No. 3030
 City Charleston St. _____ Ward _____

2. FULL NAME

Joseph Ely Trout
 (e) Residence No. 18 Commercial St. _____ Ward _____
 (Usual place of abode) about 4 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 (HUSBAND OF OR) WIFE OF Charley Willie Trout

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 8 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Cotton Seed Buyer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Churchton
 (STATE OR COUNTRY) Miss.

10. NAME OF FATHER J. W. Wilkey Trout

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Tennessee

14. INFORMANT X W. H. ...
 (Address) X Charleston, Mo.

15. Dec 17 1919 J. S. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19 1921

17. I HEREBY CERTIFY, That I attended deceased from DEC 17, 1921, to DEC 19, 1921, that I last saw him alive on DEC 17, 1921, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute degeneration
NYC

CONTRIBUTORY (SECONDARY) Chronic gastritis
troch (duration) 1 yrs. 6 mos. 11 ds.

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

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
 (Signed) R. B. Chapman M. D.
 (Address) Charleston, 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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL Obion Cemetery - Obion Tennessee DATE OF BURIAL 12-20 1921

22. UNDERTAKER Lee Undertaking Co. ADDRESS Charleston, Mo.

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

9-1928

