

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

Do not use this space.

5395

MAR 19 1928

1. PLACE OF DEATH

County Jasper Registration District No. 417 File No.
 Township Webb City Primary Registration District No. 3021 Registered No. 19
 City Webb City (No.) St. Ward)

2. FULL NAME

(a) Residence No. 515 B Madison 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 Ethel Troup

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 9 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 35 4 8

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

9. BIRTHPLACE (CITY OR TOWN) Linton, Iowa
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER James T. Troup

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

12. MAIDEN NAME OF MOTHER Della Carlson

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

14. INFORMANT Miss Ethel Troup
 (Address) Webb City, Mo

15. FILED 2-20, 1928 R. M. Stormont
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1928

17. I HEREBY CERTIFY That I attended deceased from 2/14 1928 to 2/17 1928 that I last saw alive on 2/17 1928, and that death occurred, on the date stated above, at 7:17 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Septicemia
possibly injured
 CONTRIBUTORY (SECONDARY) injury
 (duration) .. yrs. .. mos. .. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, ..
 DID AN OPERATION PRECEDE DEATH, .. DATE OF ..

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? clinical
2 (Signed) B. A. Sumbault, M. D.
18, 1928 (Address) Webb City 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 Mount Hope Cem **DATE OF BURIAL** 2/20 1928

20. UNDERTAKER Webb City Burial Co **ADDRESS** Webb City Mo

AUG 21 1969

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Jasper
Township Webb City
City Webb City (No.) (Ward)

Registration District No. 417
Primary Registration District No. 2021

File No.
Registered No. 19

2. FULL NAME

Rapert E. Troup

(a) Residence. No. Sta. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 - 1892

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

8. OCCUPATION OF DECEASED

(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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 4/30 78 R.M. Stewart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 17 19 28

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

I do not know. Had all those factors from acute bacterial septicaemia

CONTRIBUTORY (SECONDARY) Possibly injured & thrust (duration): yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. A. Dumbauld M. D. 5/3/28 (Address) Webb City 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

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

