FEB 23 1928

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

Do not use this space.

1. PLACE OF DEATH

County Newton — Registration District No. 615 — File No. 5769

Township Marion — Primary Registration District No. 5817 — Registered No. 13

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nancy J. Troutman

(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 69 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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: Franklin P. Troutman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 1 - 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	1	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(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) Jasper Co. Mo.

PARENTS

10. NAME OF FATHER: Cooper Triplet

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

12. MAIDEN NAME OF MOTHER: Nancy Hansford.

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

14. INFORMANT: B. A. Troutman
(Address) Box 123 Hennessey, Okla

15. FILED Feb. 5, 1928 U. S. Chapman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1927, to Feb. 4, 1928, that I last saw her alive on Feb. 3, 1928, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
578
97
520

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Inflamatoria Rheumatism

(duration) 15 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? None

(Signed) R. F. Cheatham, M. D

, 19 (Address) Diamond 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: Center Cemetery — DATE OF BURIAL: Feb. 5 1928

20. UNDERTAKER: Bigham Undert — ADDRESS: Neosho Mo

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