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

85

Do not use this space.
13955

1. PLACE OF DEATH
County: Buchanan
Registration District No.: 1001
Township:
Primary Registration District No.:
City: St Joseph (No. State Hospital for Insane #2 St. Ward)

File No.:
Registered No.: 537

2. FULL NAME: Geo W Trotter
(a) Residence. No. State Hospital no 2 St. Inf B Ward. Headquarters Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

APR 23 1929

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Nannie Trotter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 17. 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	66	1	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: minister
(b) General nature of industry, business, or establishment in which employed (or employer): M.E. Church South
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Wesley Trotter
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Margaret Lawson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Tenn.

14. INFORMANT: State Hosp no 2
(Address): St Joseph

15. FILED APR 22 1929, 19... John G. [illegible] Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to April 21, 1929, that I last saw h... alive on April 21, 1929, and that death occurred, on the date stated above, at 12 40 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Coma
Gall
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Diabetes mellitus
(duration) yrs. 1 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? Clinical
(Signed) D. G. Devine, M. D
Apr. 21, 1929 (Address) State Hosp no 2 St Joseph

*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: Turney Mo.
DATE OF BURIAL: Apr 23 1929

20. UNDERTAKER: Heaton & Grace i Brown by J. H. Hale
ADDRESS: 319 S. 10 St Funeral Home

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD