

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

Do not use this space.

1130

1. PLACE OF DEATH

County Jackson
Township Raw.
City Kansas city (No. 2236 E. 71)

Registration District No. 399
Primary Registration District No. IC

File No. _____
Registered No. 116
St. _____ Ward _____

2. FULL NAME

Ada Rebecca Trotter
(a) Residence. No. 2236 E. 71 St. 15 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

Fe.

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

Pleasant G. Trotter

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

June 4 - 1857

7. AGE

YEARS 72.

MONTHS 7

DAYS 5

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Home.

(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)

Halifax Co., Virginia

10. NAME OF FATHER

Thos. Owen

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

Virginia

12. MAIDEN NAME OF MOTHER

unknown

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

unknown

14. INFORMANT

Pleasant G. Trotter

(Address)

2236 E. 71

15. FILED

Jan 9, 1930 M. M. Brown

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 9 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1930 to Jan 9 - 1930 that I last saw h. alive on Jan 7 - 1930, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of pylorus

CONTRIBUTORY (SECONDARY)

440

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?

Clinical

(Signed) Emil Theilman, M. D.

Jan 9, 1930 (Address) 321 Altman Bldg

*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

Lexington MO, Jan. 12 1930

20. UNDERTAKER

ADDRESS

Caylor Funeral Home K. C. Mo

At 2. 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.

2-5

2

31

