

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

Do not use this space.

8238

**1. PLACE OF DEATH**  
 County Merickline Registration District No. 282  
 Township \_\_\_\_\_ Primary Registration District No. 4166  
 City Campbell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Robert Trout

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single  
 (write the word)

**6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Feb 10 - 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than I day, _____ hrs. or _____ min.
	—	1	10	

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_ child  
 (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)** Mo

**10. NAME OF FATHER** Earl Trout

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

**12. MAIDEN NAME OF MOTHER** Silvia Lion

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

**14. INFORMANT** Father  
 (Address) Campbell

**15. FILED** 3/11, 1930 E. W. Anderson  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 20 1930

**17. I HEREBY CERTIFY, That I attended deceased from** March 16, 1930, to March 19, 1930, that I last saw him alive on March 19, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ 11 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Influenza  
11/18  
 (duration) yrs. mos. 6 da.

**CONTRIBUTORY (SECONDARY)** 11/18  
 (duration) yrs. mos. da.

**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?**  
 (Signed) W. J. Ruediger, M. D.  
 , 19 (Address) Campbell, 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** Gravel Hill Ark. **DATE OF BURIAL** 3/21 1930

**20. UNDERTAKER** E. W. Anderson **ADDRESS** Campbell

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.

APR 28 1930

