

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

Do not use this space.

17873

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Boya

Primary Registration District No. 554

City Independence No. 2600 Overton Ave.

File No.

Registered No. 172

St. Ward)

2. FULL NAME

Francis L. Troutman

(a) Residence. No. 2600 Rock Creek Rd. Ward.

(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Minnie Troutman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 24 - 1856</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Farmer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Self</u>		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boydspater, Mo.</u>		
PARENTS	10. NAME OF FATHER <u>George Troutman</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
	12. MAIDEN NAME OF MOTHER <u>Margaret M. Allen</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
14. INFORMANT (Address) <u>Miss Floyd L. Smith, 2600 Rock Creek Road.</u>		
15. FILED <u>5-2-31</u> <u>J.R. Cook</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1931, to May 1st, 1931, that I last saw him alive on May 1st, 1931, and that death occurred, on the date stated above, at 2:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Inters. Nephritis
131
132.B
probably (duration) 4 yrs. mos. ds.

CONTRIBUTORY Uremia (acute) (SECONDARY) (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
131
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? By symptoms & Laboratory
F. M. Leeger, D.O. (Signed) M. D.

*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 Osceola, Herby Iowa DATE OF BURIAL May 3 1931

20. UNDERTAKER Mr. C. L. Forster ADDRESS K.P. Mo.

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

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.

JUN 26 1931

Independence and
National Bank.