

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

Do not use this space.

36335

**1. PLACE OF DEATH**

County Lititz  
Township Shillicotte  
City Shillicotte (No. \_\_\_\_\_)

Registration District No. 508  
Primary Registration District No. 326

File No. \_\_\_\_\_  
Registered No. 1367  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Donald La Trooper

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10, 1932</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		DAYS <u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shillicotte Mo.</u>		
FATHER	13. NAME <u>Shas Trooper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Inez Doney</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shillicotte Mo.</u>	
17. INFORMANT (ADDRESS) <u>Shas Trooper Shillicotte Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nash Cemetery</u> DATE <u>Nov. 13, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>P. M. Marshall Shillicotte Mo.</u>		
20. FILED <u>11/13, 1932</u> <u>P. Barney</u> Registrar		

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932 to Nov 12, 1932  
I last saw him alive on Nov 10, 1932. Death is said to have occurred on the date stated above, at 1:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Bronchial pneumonia  
107A  
Other contributory causes of importance: 107A

Date of onset
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Name of operation clinical Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) A. J. Peterson, M. D.  
(Address) Shillicotte Mo

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.

5-7-32  
1932  
Jay

