

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

Do not use this space.

20665

1. PLACE OF DEATH

County Rehles

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No.)

File No.
Registered No. 150 St. Ward)

2. FULL NAME

Emick Anthony Troutman

(a) Residence, No. 509 W 3rd St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 3 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Sedalia Mo.

13. NAME Walter Roosevelt Troutman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plalsburg Mo.

15. MAIDEN NAME Emma Anna Bax

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

17. INFORMANT (ADDRESS) W. Troutman Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6-7-33

19. UNDERTAKER (ADDRESS) Mrs. Laughlin Biss Sedalia Mo.

20. FILED 6-7-33 J. L. LOR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933 to June 6, 1933

I last saw him alive on after June 6, 1933 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Subdural Hemorrhage

1600

[Signature]

Other contributory causes of importance:

Name of operation Date of no

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 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 2

Nature of injury 2

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Cuthbert, M. D.

(Address) Sedalia

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 PERMANENTLY IN UNFADING INK. THIS IS A PERMANENT RECORD

6-7-33

