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

Do not use this space.

28996

File No. 50

Registered No. 7[illegible]

1. PLACE OF DEATH

County: Carroll — Registration District No. 135-

Township: Carrollton — Primary Registration District No. 3010

City: Carrollton (No. ....., ..., St. ....., Ward)

2. FULL NAME: Pete L. Trotter

(a) Residence, No. 204 N. Main St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	3	26	

OCCUPATION

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

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) Carroll County Missouri

FATHER

13. NAME Alexander Trotter

14. BIRTHPLACE (~~CITY OR TOWN~~) (STATE OR COUNTRY) Carrollton Mo.

MOTHER

15. MAIDEN NAME Martha Minnis

16. BIRTHPLACE (~~CITY OR TOWN~~) (STATE OR COUNTRY) Carroll County Mo.

17. INFORMANT Harry Trotter
(ADDRESS) Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE 9-17-1933

19. UNDERTAKER Standley Funeral Home
(ADDRESS) Carrollton, Mo.

20. FILED 9-17, 1933 Mrs. E. E. Fireburn
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1929, to 9-15, 1933

I last saw him alive on 9-14, 1933. Death is said to have occurred on the date stated above, at 1:30 A. m.

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

	Date of onset
Pylo. Nephritis	
Chro Int Nephritis	
	131
	133A
	132B

Other contributory causes of importance: Uremia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....

(Signed) H. B. Scouten, M. D.
(Address) Carrollton, 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.

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

MARGIN RESERVED FOR BINDING

OCT 20 1933

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