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.

JAN 8 1934

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

Do not use this space.

33363

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No.
Township Kaw — Primary Registration District No. 4098 — Registered No. 4397
City K.C. Mo (No. General Hospital #2. St. Ward)

2. FULL NAME Louis Troy (Baby)
(a) Residence, No. 1807 Tracy 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: male
4. COLOR OR RACE: negro
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 9th 1932
7. AGE: YEARS 1 — MONTHS 4 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) K.C. Mo.

FATHER
13. NAME Louis Troy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wens

MOTHER
15. MAIDEN NAME Pauline Pitts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock ark.

17. INFORMANT (ADDRESS) Louis Troy (Father) 1808 Tracy ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 11-9-33
19. UNDERTAKER (ADDRESS) Flynn + Greenstreet K.C. Mo.
20. FILED 11/9 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30, 1933
22. HEREBY CERTIFY, That I attended deceased from Sept 1 to ....., 19....
I last saw h.... alive on 5:45 A 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia (Primary) 1077 — Date of onset 10/10
Other contributory causes of importance: None
Name of operation ..... Date of .....
What test confirmed diagnosis? no autopsy Was there an autopsy? yes
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) [signature], M. D.
(Address) [signature]