CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

40631

JAN 26 1934

1. PLACE OF DEATH
County Lincoln
Township ~~Harrison~~
City Elsberry (No. ..... St. ..... Ward)

Registration District No. 486
Primary Registration District No. 4293

File No. .....
Registered No. 47

2. FULL NAME Marie Myrtle Trostel

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) April-11-1929

7. AGE: Years 4 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Lawrence Trostel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Butler Co. Mo
12. MAIDEN NAME OF MOTHER Myrtle Aubuchon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Louis Mo

14. INFORMANT Lawrence Trostel
(Address) ~~Popular Bluff~~ Elsberry Mo

15. FILED 1-10, 1934 C. E. Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-18- 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 3- 1933, to Dec-17 1933 that I last saw her alive on Dec-17, 1933, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died very suddenly from diphtheria

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) followed Scarlet fever

(duration) ..... yrs. ..... mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Do not know-
DID AN OPERATION PRECEDE DEATH? Antitoxin 4 times. DATE OF .....
WAS THERE AN AUTOPSY? NO-
WHAT TEST CONFIRMED DIAGNOSIS? usual.

(Signed) F. V. Keeling, M.D.
, 19 (Address) Elsberry, Mo.

*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: Calvary Cemetery St Louis Mo
DATE OF BURIAL: Dec 20 1933

20. UNDERTAKER: Jos. W. Clark
ADDRESS: St Louis Mo