

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

Do not use this space.

48173

1. PLACE OF DEATH

County Carroll
Township Bygones
City Bygones (No. _____)

Registration District No. 138
Primary Registration District No. 5196

File No. 35
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Leemysa Linn Trotter

(a) Residence. No. _____ St. _____ Ward _____
(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 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) March 9, 1933

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>		<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Norborne, Mo.
(STATE OR COUNTRY) Carroll Co.

10. NAME OF FATHER Pete A. Trotter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co.

12. MAIDEN NAME OF MOTHER Marquet Young

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Carroll County

14. INFORMANT Pete A. Trotter
(Address) Norborne Mo

15. FILED March 23 1934 B. C. Cole M.H.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) _____ 19 _____

17. I HEREBY CERTIFY, That I attended deceased from 3-21-34, 1934, to 3-21, 1934, that I last saw him alive on 3-21, 1934, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Convulsions
65 C.
W. J. Stroud
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Dehydration, Craniem
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

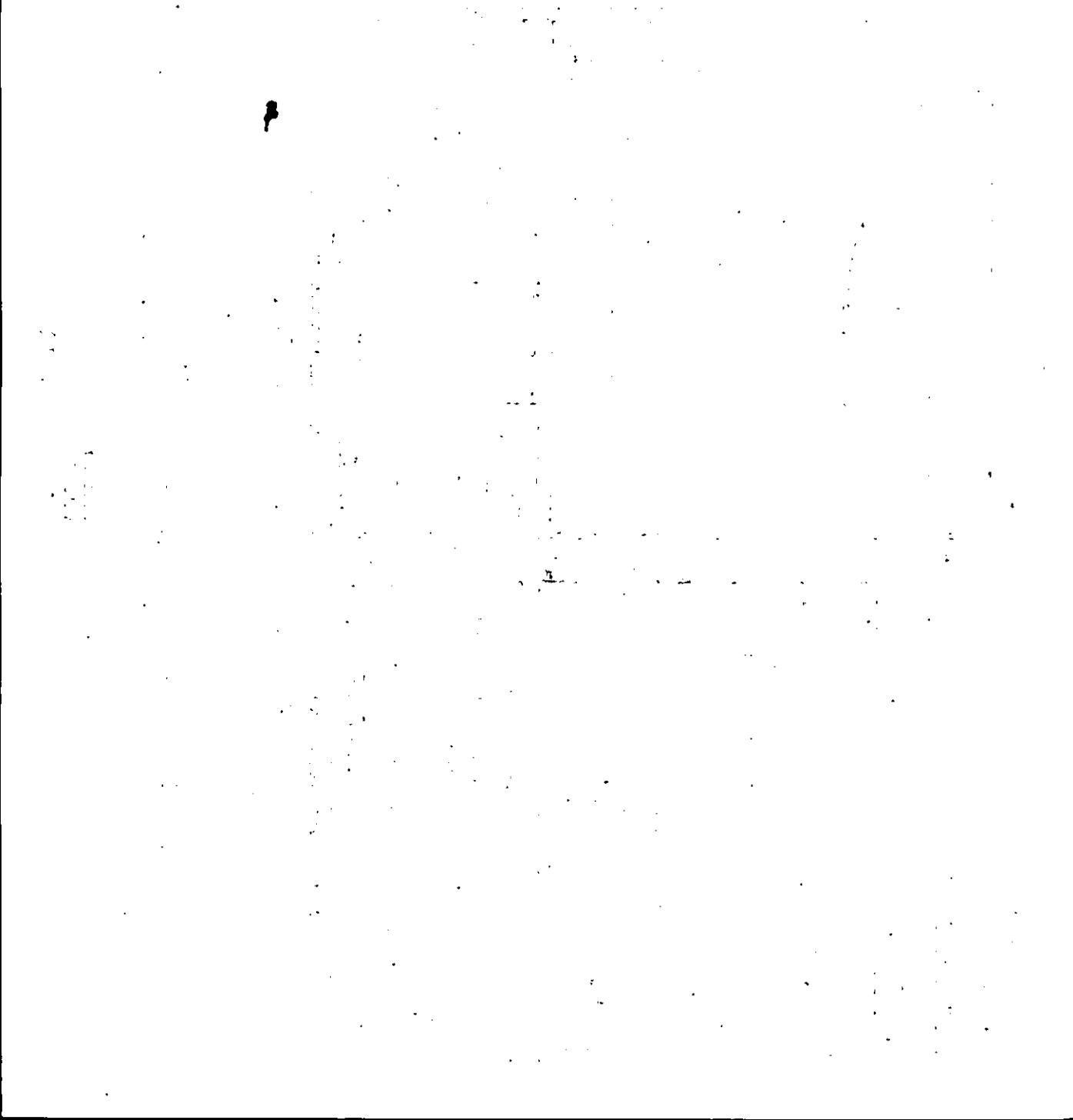
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) William G. Atwood, M. D.
, 19 _____ (Address) Carroll Co., 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 Fairhaven Cemetery DATE OF BURIAL Mar. 23 1934
20. UNDERTAKER W. J. Stroud ADDRESS Norborne Mo.

PARENTS



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

March 31

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Carroll
Township Egypt
City (No.)

Registration District No. 138
Primary Registration District No. 5196

File No.
Registered No. 38
St. Ward

2. FULL NAME

Deemyra Lynn Trotter

(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 1 yrs. 12 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
<u>1</u>		
		DAYS
		<u>12</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. <u>---</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-21-1934 to 3-21-1934

I last saw h. w alive on 3-21-1934. Death is said to have occurred on the date stated above, at 11-00 m.

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

Convulsions
Cerebral Palsy
Rabies
Septicemia

Other contributory causes of importance:
Cerebral Palsy
Rabies
Septicemia

Date of onset 3-21-34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not borne nor Carroll Co

13. NAME Pete a Trotter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co

15. MAIDEN NAME Margaret Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co

17. INFORMANT Pete a Trotter
(ADDRESS) Worthington mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Worthington DATE 3-23-34

19. UNDERTAKER H. T. Strunk
(ADDRESS)

20. FILED 3-30-34 B. C. Cole, M.D.
Registrar.

Name of operation

Date of

What test confirmed diagnosis? Biopsy 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

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) W. G. Atwood, M. D.
(Address) Carroll mo

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