

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.

AUG 16 1934

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

Do not use this space.

23918

1. PLACE OF DEATH

County Daviess Registration District No. 250 File No. _____
 Township _____ Primary Registration District No. 4150 Registered No. 721
 City Gallatin (No. _____, _____, _____) St. _____ Ward _____

2. FULL NAME Carnissa S. 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 60 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*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	87	3	20	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Home</u>
	10. Date deceased last worked at this occupation (month and year) <u>July 1934</u>	11. Total time (years) spent in this occupation. <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Abijah McCord
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Susan Ritchie
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Susie Porter
 (ADDRESS) 1210 Linwood, Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Brown Cemetery DATE July 21, 1934

19. UNDERTAKER Hopb Furn. & Undt. Co.
 (ADDRESS) Gallatin, Missouri

20. FILED 7-21- 1934 T. B. Gardner
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934 to July 19, 1934
 I last saw him alive on July 18, 1934 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Myocarditis (acute) Date of onset _____
1700

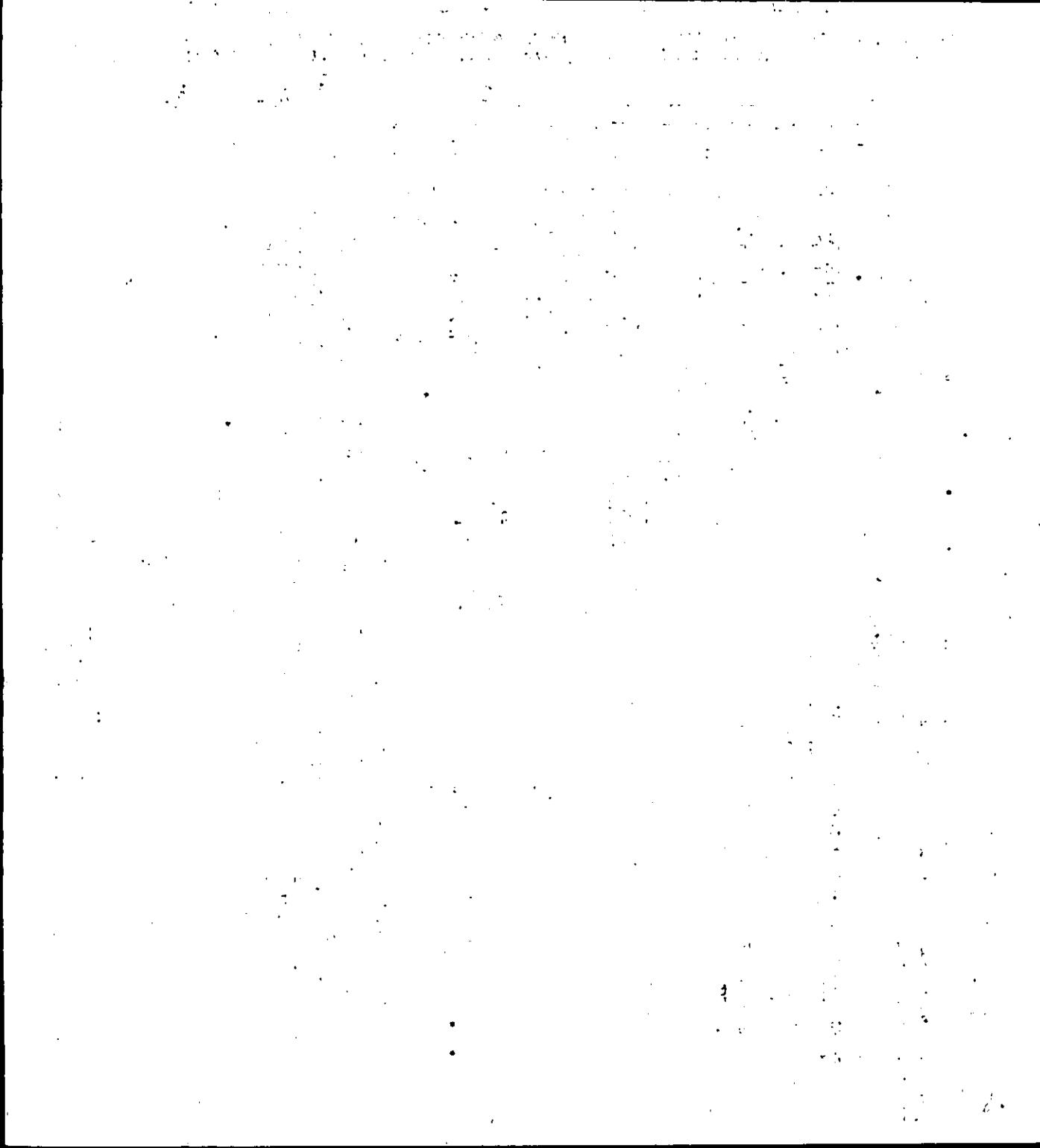
Other contributory causes of importance:
Sublethal Poisoning

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? no
 If so, specify _____
 (Signed) M. B. Bailey M. D.
 (Address) Gallatin, Mo.



#2 *Davis*
Gallatin

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.
721

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Carmela S. Trotter*
Who died at _____ on *July 19, 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years *8* Months *7* Days *3*
Sex *F* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____

Principal cause of death: *Myocarditis (acute) intestinal toxemia*
Caused by sluggish action of bowels

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician *M. B. Bailey, D.D.*

Address of physician *Gallatin, Mo.*

Signature of Registrar *H. Gardner* Date filed *7-21-34*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *250*

Very truly yours,

E. T. McLaugh
m.n.

Primary Reg. Dist. No. *4150*

Special Agent.

23918