

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

Do not use this space.

25032 ✓

1. PLACE OF DEATH

County Robertson Registration District No. 403
 Township 1st Primary Registration District No. 5557
 City Spring Valley (No. 879) Spring Valley Road St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 879 Spring Valley Road Ward _____

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 . 11 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) May 1915 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

13. NAME George Trotter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Eva Winkler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) John A. Sprigger
879 Spring Valley Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Palatka Cem. DATE 7/29/34

19. UNDERTAKER (ADDRESS) P. V. Ludeck & Sons
3811 Broadway

20. FILED July 27, 1934 W. W. Hobbs, M.D. Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1934

22. I HEREBY CERTIFY that I attended deceased from July 19, 1934, to July 25, 1934

I last saw him alive on July 25, 1934. Death is said to have occurred on the date stated above, at 3 P.M.

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

myocarditis chronic Date of onset Jan 1934

Other contributory causes of importance:

Debility, extreme old age

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Were an autopsy? _____

23. If death was due to natural causes (illness), 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 of injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Arthur A. Hobbs, M. D.

(Address) 3321 E 30th St

Kansas City MO

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.

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Dr. A. A. Hoffe.
30 & Indiana