OCT 20 1934

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

Do not use this space.

38335

1. PLACE OF DEATH
County Washington
Township Union
City ~~Cadet~~
Registration District No. 887
Primary Registration District No. 61
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME Burnham Joseph Trokey
(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 18 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 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) Nov. 4, 1914

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
19	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Oct 5, 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cadet, Mo

FATHER
13. NAME Frank Trokey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Mo

MOTHER
15. MAIDEN NAME Agnes Degonia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines Mo

17. INFORMANT (ADDRESS) Frank Trokey

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi Mo DATE 10/7. 1934

19. UNDERTAKER (ADDRESS) J B Boyer & Son Potosi Mo

20. FILED Oct 8 1934 G F Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 9 Oct Not, 19, to Sel Sunl, 19
I last saw h alive on , 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:

	Date of onset
Accidental by being run over by a truck	

Other contributory causes of importance:

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? accident Date of injury 10/5, 1934
Where did injury occur? near Cadet, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public place
Manner of injury Run over by truck
Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) O W Parker Coroner, M.D.
(Address) Richwoods Mo

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.