SEP 2 3 1935

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

Do not use this space.

26944

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 111
City Chillicothe (No. ......, ... St. ...... Ward)

2. FULL NAME Louis Trosper

(a) Residence, No. ...... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Effie Trosper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 12-1851

7. AGE: YEARS 84 — MONTHS 2 — DAYS 2 — If LESS than 1 day, ... hrs. or ...... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Labor
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Breckenridge Mo~~ Davis Co. Missouri

FATHER

13. NAME: Henry Trosper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT: Mrs Mary Eubanks - (ADDRESS) Chillicothe, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Breckenridge Mo DATE aug 16 1935

19. UNDERTAKER: Meinershagen's (ADDRESS) Chillicothe, Mo

20. FILED Aug 16 1935 Donald M. Dowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) aug 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1935, to Aug 14 1935

I last saw h im alive on Aug 8 1935. Death is said to have occurred on the date stated above, at 5 15 p m.

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

Chronic Myocarditis — 1930

Other contributory causes of importance:

Chronic Prostatitis & Cystitis — 1933

Name of operation ...... Date of ......
What test confirmed diagnosis? Clinical. 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 ......, 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) Donald M. Dowell, M. D.
(Address) Chillicothe 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.