

JUL 13 1936

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

Do not use this space.

22064

1. PLACE OF DEATH

County Buchanan  
Township St. Joseph  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
No. Mc. Methodist Hosp.

File No. \_\_\_\_\_  
Registered No. 834  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Gallatin St., \_\_\_\_\_ Ward. Gallatin, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 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) Feb-2-1929

7. AGE YEARS 7 MONTHS 4 DAYS 18 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gallatin Public School  
10. Date deceased last worked at this occupation (month and year) May-1936 11. Total time (years) spent in this occupation 1

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

13. NAME Roy Trotter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Missouri

15. MAIDEN NAME Nelle Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrens Co. Missouri

17. INFORMANT Roy Trotter (ADDRESS) Gallatin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin Mo. DATE June 22, 1936

19. UNDERTAKER Hope Funeral Home (ADDRESS) Gallatin Mo.

20. FILED June 22, 1936 Mc. Methodist Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1936

22. I HEREBY CERTIFY That I attended deceased from June 4, 1936 to June 20, 1936  
First saw him alive on June 20, 1936 Death is said to have occurred on the date stated above, at 6 P.M.

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

Acute nephritis  
Peritonitis acute

Date of onset 5-26-36  
6-19-36

Other contributory causes of importance: Tonsillitis acute

5-20-36

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Exam. Post 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) E.M. Shores M. D.

(Address) 317 1/2 Kirkpatrick Bldg  
St. Joseph 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.

