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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3108

Registered No. 119

1. PLACE OF DEATH

County .....

Township .....

City ..... (No. Missouri Pacific Hospital St. ..... Ward)

2. FULL NAME William East Trotter

(a) Residence, No. 706 Cleveland St., N/R Ward. Lake Charles, La.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alto B. Strafford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
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OCCUPATION

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

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

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) Clinton, La.

FATHER

13. NAME W.F. Trotter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, La.

MOTHER

15. MAIDEN NAME Armanda Ripes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, La.

17. INFORMANT (ADDRESS) Roy Trotter Lake Charles, La.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles La DATE 1-4-1937

19. UNDERTAKER (ADDRESS) Robert J. Chambers Co. Clayton Mo. & Lafayette Lake

20. FILED 1861 NOV 4 1937 Jt Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1935, to Jan 3, 1937

I last saw him alive on 1-3, 1937. Death is said to have occurred on the date stated above, at 6:00 p m.

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

	Date of onset
Carcinoma of lip	1935

Other contributory causes of importance:

Name of operation Resection of Mandible Date of 6-6-35

What test confirmed diagnosis? ..... 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) R.H. McCluey, M. D.

(Address) Missouri Pacific Hospital

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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