

MAR 13 1937

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

Do not use this space.

6503

1. PLACE OF DEATH

County Ladson
Township Wan
City Wasson City (No. 72 Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 200
St. Ward

2. FULL NAME

(a) Residence, No. 4915 1/2 Street St. Ward.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marian Jane Trout

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 8 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City District Co
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) K. C. Mo

13. NAME Wm Trout

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

15. MAIDEN NAME Sadie Baker

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

17. INFORMANT (ADDRESS) Mrs Marian J Trout

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 27 18 37

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED 7 17 37 M. McCombe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1937 to 2-16 1937

I last saw him alive on 2-16 1937 Death is said to have occurred on the date stated above, at 4:50 PM

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

Erysipelas Date of onset

Other contributory causes of importance:
Bilateral Bronch
Emphysema

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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?
If so, specify
(Signed) R. F. De Maria M. D.
(Address) Cent K. C. Gen Hosp

WRITE PLAINLY WITH UNLOADING 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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