

MAR 13 1937

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

Do not use this space.

6560

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas City (No. K.C. Gen. Hosp.) St. _____ Ward _____

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

William Troub
(a) Residence, No. 3106 East 73 St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E. Troub

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1937 to 2-21 19376. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1866I last saw him alive on 2-21 1937 Death is said to have occurred on the date stated above, at 5:20 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 10 14

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

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

Date of onset

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) 1932 11. Total time (years) spent in this occupation 40

Erysipelas; acute Streptococic Septicemia

Other contributory causes of importance: 13112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kendallville Indiana

Acute and Chronic Glomerular Nephritis

13. NAME Jacob Troub

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownWhat test confirmed diagnosis? _____ Was there an autopsy? Yes15. MAIDEN NAME Unknown Brumbaugh

23. If death was due to external causes (violence), fill in also the following

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

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT Miss Irene Troub (ADDRESS) 1310 Brush Creek Blvd.

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope, K.C.K. DATE 2/23/37 19____

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER Geo. H. Long (ADDRESS) Kansas City, Kansas

Manner of injury _____

20. FILED 2-21-37 M.M. Crowe and Registrar.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R.P. DeMarier M. D.(Address) 222 Gen. Hosp.722

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.

