

JAN 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. 2737 South 25) St. _____ Ward)

File No. 44796
Registered No. 1401

2. FULL NAME

Walter F. Trout
(a) Residence, No. 2727 So. 25 St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St Joseph Mo

13. NAME Walter Trout

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

15. MAIDEN NAME Violet Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

17. INFANT (ADDRESS) Walter Trout St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem DATE 12-22-37

19. UNDERTAKER (ADDRESS) Stamley Funeral Home St Joseph Mo

20. FILED Dec 31 1937 H. J. Weyhbach Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1937, to Dec 21, 1937

I last saw h. i. m. alive on Dec 19, 1937 Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Congestial deformity of heart
(Cause unknown)
Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Post 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 _____

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) Blanche B. Pennick, D.O.
(Address) 222 Logan Bldg

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.

