

REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9928
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson

(b) Township Kaw

(c) City Kansas City, Mo.

(e) Length of residence in city or town where death occurred

Registration District No. 399

Primary Registration District No. 1002

(d) Street No. Nora L. Clark Home for Elderly People, St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? 2845 Troost

2. PRINT FULL NAME

William O. Trowbridge 616

(a) Residence, No. 8414 Wabash

St. []

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Lucy Trowbridge

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

Nov. 19, 1860

7. AGE

YEARS 77

MONTHS 14

DAYS 11

If LESS than 1 day, hrs. or min.

OCCUPATION

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

retired

9. Industry or business in which work was done, as 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)

Indiana

FATHER

13. NAME

Virgil Trowbridge

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

Kentucky

MOTHER

15. MAIDEN NAME

Evelyn []

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

Illinois

17. INFORMANT (ADDRESS)

John L. Trowbridge 8414 Wabash

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

DATE

Mar. 31, 1938

19. FUNERAL DIRECTOR (ADDRESS)

R. V. Lindsey & Sons 5611 Broadway

20. FILED

Mar 31 1938 M. M. Groves Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1937, to Mar 30, 1938
I last saw him alive on Mar 29, 1938 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Chronic nephritis
Chronic Bronchitis
Atherosclerosis
Chronic myocardial degeneration

Date of onset

Other contributory causes of importance:

131

Name of operation

Date of

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?

If so, specify

(Signed)

[Signature] M. D.
80 [Signature] Passes.

(Address)

WHILE TRAINING WITH ON-READING INSTRUMENTS 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.

Permit

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....
Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)