

RECD OCT 18 1938

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

32684
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
(b) Township Sampsel Primary Registration District No. 3676
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elba Marie Troeger 626

(a) Residence, No. 8 1/2 miles N. W. of Chillicothe St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
0 0 0

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938, to Sept 10, 1938
I last saw her alive on Sept 10, 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

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

Strangulation by manipulation of windpipe of neck at death
Other contributory causes of importance:
165A

12. BIRTHPLACE (CITY OR TOWN) Livingston County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John R. Troeger
14. BIRTHPLACE (CITY OR TOWN) Livingston County
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Elsie Mable Paris
16. BIRTHPLACE (CITY OR TOWN) Blue Mound
(STATE OR COUNTRY) Missouri

17. INFORMANT John R. Troeger
(ADDRESS) Sampsel, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 9-10 1938

19. FUNERAL DIRECTOR F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED Sept 27 1938 Donald McDaniel Local Registrar 456

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
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) F. B. Norman, M. D.
(Address) Chillicothe, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.)