

REC'D FEB 15 1939

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

File No. 2347
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
(b) Township _____ Primary Registration District No. 2001 Registered No. 85
(c) City SPRINGFIELD (d) Street No. St. Johns Hospital 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

623
(a) Residence, No. Block # 6 St. [] R # 6
(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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 1899
7. AGE YEARS 59 MONTHS 5 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Springfield Mo

FATHER 13. NAME Daniel Troglor

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

MOTHER 15. MAIDEN NAME Mary Right

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

17. INFORMANT (ADDRESS) Clara Troglor
1616 Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clara Troglor DATE Jan 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. A. Morgan
Springfield Mo.

20. FILED Jan 29 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 1 1937 to Jan 27 1938
I last saw him alive on Jan 27 1939 Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary
Arteriosclerosis
51
Date of onset ?

Other contributory causes of importance: myocarditis
6 mo

Name of operation Transcatheter Revascularization Date of 2-20-39
What test confirmed diagnosis? Tissue 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? no
If so, specify _____ (Signed) _____, M. D.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.