

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

Do not use this space.

AUG 9 1939

25186

1. PLACE OF DEATH

County ButlerRegistration District No. 89Township Poplar BluffPrimary Registration District No. 5131City Poplar Bluff(No. 6 miles, south of Poplar Bluff. St. _____ Ward)

File No.

Registered No.

2. FULL NAME Riley J. Troutman(a) Residence, No. Butler Co., Missouri St. _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939, to August 1, 1939I last saw him alive on July 26, 1939. Death is saidto have occurred on the date stated above, at 12:05 a. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 15, 1893</u>			
7. AGE			
YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>45</u>	<u>8</u>	<u>16</u>	

Myocarditis

Date of onset

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farm.</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

Other contributory causes of importance:

None12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Earl Wilson
(ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jefferson Barks, MONTE Aug. 6, 193919. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.20. FILED 8/7, 1939 Obelitzinger
Registrar.Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No

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

Accident, suicide, or homicide? NO Date of injury None, 1939Where did injury occur? None

(Specify city or town, county, and State)

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

NoManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NOIf so, specify F.W. M. Shuler

(Signed) _____, M. D.

(Address) Poplar Bluff, Missouri

