

REC'D SEP 20 1939

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

28724
Do not use this space.

1. PLACE OF DEATH

(a) County Calloway Registration District No. 104
(b) Township..... Primary Registration District No. 3008
(c) City Fulton (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. 2) ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

630 John C. Troth
(a) Residence, No. Memphis Mo 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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 7 2

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) Memphis 0
(STATE OR COUNTRY) Mo 6

13. NAME J. H. Troth 0

14. BIRTHPLACE (CITY OR TOWN) Memphis 0
(STATE OR COUNTRY) Mo

15. MAIDEN NAME Elizabeth Reibel

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

17. INFORMANT J. A. Dugas
(ADDRESS) Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grand View DATE 8/25 '39

19. FUNERAL DIRECTOR (NAME) Payne & Sons
(ADDRESS) Memphis Mo

20. FILED Aug 27 1939 P. N. Crews
Local Registrar. 106

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1939, to Aug. 23, 1939

I last saw him alive on Aug 23, 1939. Death is said to have occurred on the date stated above, at 2 30 a.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Hy pertension & arterio sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Chem. Hist. 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....., 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) Forest Thomas, M. D.

(Address) State Hosp. #1 Fulton Mo

WHITE PLAIN, WITH ENLARGING MARGINS THIS 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

I X18605

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 comply with the above constitutes grounds for revocation of license.)

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