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.

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

29403
Do not use this space.

REC'D SEP 14 1939

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) or City Joplin
Registration District No. 411
Primary Registration District No. 2002
Registered No.
(d) Street No. St. John's 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 William A. Troutman
(a) Residence, No. 635 Asbury, Mo. St.
(Usual place of abode, if no street address, write county or city)
Asbury, Mo.
(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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 26, 1866
7. AGE: Years 73; Months 0; Days 0; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Unknown North Carolina

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Halthouse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Son Chas. Troutman Weir, Kansas
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Asbury, Mo. DATE Aug. 28, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hedge-Nelson Webb City, Mo.
20. FILED 8-28, 1939 Ed D James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 26, 1939
22. I HEREBY CERTIFY, That I attended deceased from 8/25 39, to 8/26 39
I last saw him alive on 8/26, 1939. Death is said to have occurred on the date stated above, at 5:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilation of heart	
Solonay embolus	
Chronic degenerative myocarditis	93 C

Other contributory causes of importance:
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) [signature], M. D.
(Address) Joplin

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District [illegible] Officer No. 6,
District File [illegible] 939-1836
Date Filed SEP 8 1939

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 C. W. Hedge, Registered Apprentice No. ..... working under my personal supervision.

Signed C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Mott City

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

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