WRITE PLAINLY, WITH UNFADING INK—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 X16605

REC'D OCT 19 1939

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

31956
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, 2 Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 1028
(c) or City St. Joseph. (d) Street No. 301 East Mo. Avenue, 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 636 Prince Carl Trotter,
(a) Residence, No. 301 East Mo. Avenue, 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: Cecile M. Trotter,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 1, 1892
7. AGE: YEARS 47 MONTHS 1 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter,
9. Industry or business in which work was done, as saw mill, bank, etc.: House
10. Date deceased last worked at this occupation (month and year): October 1939.
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cameron, Missouri, O

FATHER
13. NAME: Leroy Trotter, O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cameron, Missouri, O

MOTHER
15. MAIDEN NAME: Lillie Lee Adams,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cameron, Missouri,

17. INFORMANT (ADDRESS): Mrs. Prince C. Trotter 301 E. Mo. Avenue
18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Jo. Mem. Park DATE: Oct. 10th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Nealon-Bessie "Bowman" 319 So. 10th. Str. Funeral Home
20. FILED: Oct 9, 1939 H. J. Mattebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 8th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1938 to Oct 6, 1939
I last saw him alive on Oct 6, 1939 Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset: Aug 1937

Other contributory causes of importance:
A severe blow in the upper dorsal region of the spine — May 18, 1937

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 18 1937
Where did injury occur? State Hospital Buchanan Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry Dunn Construction Co.
Manner of injury: Caught a man falling from Scaffold
Nature of injury: Pains in back and chest
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify .....
(Signed) J. S. Hughes DC, ~~M.D.~~
(Address) Battinger Building

(Licensed Embalmer's Statement on Reverse Side)

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 Oct. 8, 19[illegible]

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. E. [illegible]

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Joseph

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.