No. 7
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 21 1940

State File No. 36198

Registration District No. 746 Primary Registration District No. 59 Co Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural ; Black Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
near Edge Hill Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eliza Francis Troutman

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex fem

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Troutman

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 20, 1869
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	11	22	hr. min.

9. Birthplace Goodwater Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home 1

11. Industry or business

FATHER
12. Name Benjamin Brooks 9
13. Birthplace Va.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Thompson
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant R.E.Troutman
(b) Address Black Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 14 40
(Month) (Day) (Year)
(c) Place: burial or cremation Black Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address A. J. White Ironton Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1940 hour 4 minute 00 P M.

21. I hereby certify that I attended the deceased from Aug 1, 1940 to Sept 12, 1940
that I last saw her alive on Aug 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma

Due to Left lung

Due to

Other conditions 47
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
843 (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Bolard Mo Date signed 9/18/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No 5
District File Number 11401085
Date Filed

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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Chester Tree

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

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

No. 2B
-2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36198

Registration District No. 746 Primary Registration District No. 6980 Registrar's No.

1. PLACE OF DEATH:
(a) County Reynolds
(b) ~~City or town~~ Black Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eliza Francis Troutman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 70 Months 11 Days 22 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Dec 15, 1940 (Date received local registrar) (b) Mrs J J Pyttle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Sept day 12 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h. alive on , 19; And that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature G Freeswell (M. D. or other)
Address Paris Mo Date signed

SUPPLEMENTARY