

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

Do not use this space.

48906

FILED JAN 4 1942

1. PLACE OF DEATH
 60 County McDonald Registration District No. 19
 0 Township Prairie Primary Registration District No. 118
 0 City Saratoga (No.) St. Ward

2. FULL NAME Dorothy May Trout
 (a) Residence, No. 1 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1941

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>1</u>	<u>1</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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) Claremore, Oklahoma

13. NAME Ralph H. Trout

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Locust Grove, Okla.

15. MAIDEN NAME Ruby May Sims

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sallisaw, Okla.

17. INFORMANT Ralph H. Trout
 (ADDRESS) Southwest City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Saratoga Cemetery 9-11th-1942

19. UNDERTAKER Southwest City, Missouri
 (ADDRESS) Nichols & Nichols

20. FILED 9-14 1942
John J. Nichols
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1942 to Sept 11, 1942
 I last saw him alive on Sept 11, 1942 Death is said to have occurred on the date stated above, at 12:30 a. m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia (bilateral) Date of onset Aug 25

Other contributory causes of importance: 108

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) R. D. Fountain M. D.
 (Address) Rock, Mo

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.

