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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 6652
Township Kaw — Primary Registration District No. 1002 — Registered No. 817
City Kansas City (No. 3123 Woodland St. Ward)

2. FULL NAME Isaac Benj. Trow
(a) Residence. No. 3123 Woodland St., 13 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: 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: Alice Trow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 16-1840

7. AGE: Years 88 — Months 11 — Days 1 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): R. R. Engineer
(c) Name of employer: Rock. Island

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9. BIRTHPLACE (CITY OR TOWN): Albany
(STATE OR COUNTRY): New York

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PARENTS
10. NAME OF FATHER: Thos. Trow
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Albany
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

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14. INFORMANT: Miss Alida Trow
(Address): 3123 Woodland

15. FILED 2-18, 1929 M M Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2 Sunday.

16. DATE OF DEATH (MONTH, DAY AND YEAR): Febr. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19...., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Myocarditis
93C
97
90B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection & History
(Signed) Henry Carbaugh M.D.
2-18, 1929 (Address) Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Trenton Mo.
DATE OF BURIAL: Febr. 19 1929

20. UNDERTAKER: Eylar Funeral Home
ADDRESS: K. C. Mo.