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

Do not use this space.

34583

File No. 5202

Registered No. 5202

1. PLACE OF DEATH

County Jackson Registration District No. 3[illegible]

Township Grav. Primary Registration District No. 8[illegible]

City Kansas City (No. 2214 Troost St. Ward)

2. FULL NAME Clarracy Troutman

(a) Residence, No. 2214 Troost St., Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David H. Troutman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7-1861

7. AGE: Years 70 Months 9 Days 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Lutesville, Mo.

FATHER

13. NAME Francis Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) H. D. Taylor 3255 Warwick

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Morish DATE Oct. 23, 193

19. UNDERTAKER (ADDRESS) Englar Funeral Home. 1800 Linwood Blvd

20. FILED 10/23, 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1931 Wed.

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to Oct 21, 1931

I last saw he alive on Oct 21, 1931. Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever.	1 w
1 3 1	1 3 1 / 9 24
Other contributory causes of importance:	
Chronic Nephritis	1

Name of operation None 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? No 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? No

If so, specify

(Signed) R. L. St Clair, M. D.

(Address) 5242 St. John K. C.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD