

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell
Township _____
City Breckenridge (No. _____) St. _____ Ward _____

Registration District No. 94
Primary Registration District No. 1656

File No. 19667
Registered No. _____

2. FULL NAME MISS RACHEL CATHERINE TROSPER

(a) Residence, No. _____ 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>3</u>	<u>14</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Breckenridge, Mo.

MOTHER FATHER 13. NAME Frank Trospier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Nancy Conner

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

17. INFORMANT Mrs Wm Trospier
(ADDRESS) Breckenridge Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE June 21 1934

19. UNDERTAKER T. J. McPherson
(ADDRESS) Breckenridge Mo.

20. FILED _____ 19 _____ Registrar _____

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1934

22. I HEREBY CERTIFY That I attended deceased from June 19 1934 to June 19 1934
I last saw her alive on June 19 1934 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

chronic parenchymatous nephritis
hypertensive nephropathy
13/1
93 D
1931
Other contributory causes of importance:
hypertension
arteriosclerosis
Date of onset _____

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

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? No
If so, specify _____

(Signed) W. D. Chaffin, M. D.
(Address) Breckenridge, Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Caldwell
Township Breckenridge
City

Registration District No. 94
Primary Registration District No. 405

File No.
Registered No.
St. Ward)

2. FULL NAME

Miss Rachel C. Grooper

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

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

....., to, 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at..... m.

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

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.....

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

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

23. If death was due to external causes (violence), fill in also the following:

15. MAIDEN NAME

Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

19. UNDERTAKER (ADDRESS)

(Signed)....., M. D.

20. FILED June 20 1934 A. R. Urley MD Registrar.

(Address).....

SUPPLEMENTARY

CAUSE OF DEATH IN THIS STATE IS DETERMINED BY THE BOARD OF HEALTH. THIS INFORMATION SHOULD BE OBTAINED FROM THE BOARD OF HEALTH. THIS INFORMATION SHOULD BE OBTAINED FROM THE BOARD OF HEALTH.

LAW

S-19667