

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

Do not use this space.

FEB 19 1936

1952

1. PLACE OF DEATH

County Lawrence Registration District No. 467
 Township Aurora Primary Registration District No. 4280
 City Aurora (No. 229 Jefferson Ave St. _____ Ward _____)

File No. _____
 Registered No. 8

2. FULL NAME Sadie Troughton

(a) Residence, No. 229 Jefferson Ave 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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. T. Troughton				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31 -1867				
7. AGE YEARS 68	MONTHS 3	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1935 to Jan 30 1936.
 I last saw her alive on Jan 30 1936. Death is said to have occurred on the date stated above, at 5.15 P.M.

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

Pellagra

Date of onset not known

Other contributory causes of importance:

Name of operation _____ 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? _____ 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) Paul Smith, M. D.
 (Address) 121 West Texas Ave Aurora Mo.

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
13. NAME Thomas Adamson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Ester Maxwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT W. T. Troughton (ADDRESS) Aurora Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Feb, 1 19 36
19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.
20. FILED <u>1/31</u> 19 <u>36</u> <u>R. D. Cowan, Jr.</u> Registrar.

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.

