

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

Do not use this space.

OCT 21 1936

36479

1. PLACE OF DEATH

County Wagon Registration District No. 875
Township Washington Primary Registration District No. 6162
City (No. St. Ward)

File No. _____
Registered No. 264

2. FULL NAME

Chas. J. Trooman
(a) Residence, No. State Hospital # 3 St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2 1898</u>		
7. AGE YEARS <u>about 38</u>	MONTHS <u>7</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>clothing salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none in valid</u>		
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) Mo.

13. NAME C. J. Trooman

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

15. MAIDEN NAME America Cambridge

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

17. INFORMANT Co. Clerk (Green Co.)

18. BURIAL, CREMATION, OR REMOVAL Rocky Hill Cem. Sept 14, 1936

19. UNDERTAKER Ferry Funeral Home

20. FILED Sept 14, 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1923, to Sept. 11, 1936

I last saw him alive on Nov. 11, 1936 Death is said to have occurred on the date stated above, at 12:25 P.M.

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

Diabetes mellitus Date of onset ?

Other contributory causes of importance Diabetic gangrene (foot) Aug 14, 36

Name of operation none Date of _____

What test confirmed diagnosis? Urine - auto. Was there an autopsy? yes

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) T. T. O'Neil M. D.

(Address) Prisvada, 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.

