

REG'D MAY 18 1938

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

14472

Do not use this space.

1. PLACE OF DEATH

(a) County Davies(b) Township Harrison

(c) City

(d) Street No. 78 (If death occurred in Hospital or Institution, write its name instead of street and number)(e) Length of residence in city or town where death occurred 78 yrs. 3 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.Registration District No. 253Primary Registration District No. 5354Registered No. 56

2. PRINT FULL NAME

(a) Residence, No. William Albert Trosper St. 621
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Trosper6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23 18597. AGE YEARS 78 MONTHS 5 DAYS 29 If LESS than 1 day, hrs. min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davies Co. Mo.FATHER 13. NAME Benj Trosper14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.MOTHER 15. MAIDEN NAME Mary C. Groves16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co. Mo.17. INFORMANT (ADDRESS) Ray Trosper
Bec Newudg Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Apr. 24 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Amo Beckison
Bec Newudg Mo20. FILED April 22 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 193822. I HEREBY CERTIFY, That I attended deceased from September 27 1937 to April 21 1938I last saw him alive on Apr 17 1938. Death is said to have occurred on the date stated above, at 5:55 P. m.

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

mitral insufficiency yrs ago
131Other contributory causes of importance: chronic interstitial nephritis yrs ago

Name of operation Date of

What test confirmed diagnosis? usual 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) Chas Grace, M. D.(Address) Chillicothe Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by

J. McBeck

Registered Apprentice No., working under my personal supervision.

Signed

J. McBeck & Son

Licensed Embalmer No.

1740

P. O. Address

Breerindgem

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.