

Rupert O. Trowbridge

Occupant Name: Rupert O. Trowbridge

Location: Section D

Date of Birth: 6/26/1938

Date of Death: 1/1/1940

Date of Burial: 1940

Veteran: No

Multiple Occupants: No

Comment: Son of Virgil & Amy Trowbridge

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX: 22 Male COLOR OR RACE: white HUSBAND (or) WIFE of: deceased DATE OF BIRTH (month, day and year): June 26, 1938 AGE: 1 6 5 OCCUPATION: TRADE, PROFESSION, OR PARTICULAR LINE OF WORK: INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: PLACE OF BIRTH (State or country): Jackson Co. Indiana NAME: Virgil Trowbridge MAIDEN NAME: Amy Miller PLACE OF BIRTH (State or country): Indiana INFORMANT: Mrs. Virgil Trowbridge PLACE OF BURIAL OR REMOVAL: UNDERTAKER: WAS THE BODY EXAMINED? Yes 3070 SIGNATURE: DATE: Jan 2 1940 OFFICE: TITLE: LOCAL NO. 1182		LOCAL NO. 1182 COUNTY: Jackson TOWN: No. Length of address in city or town where death occurred: FULL NAME: Rupert O. Trowbridge RESIDENCE: No. DATE OF DEATH: Jan 1 1940 I HEREBY CERTIFY, That I attended deceased from 12:26 1938 to 1 1 1940 and that death occurred, on the date stated above, at 6.83 a.m. The principal cause of death and related causes of importance were as follows: Bronchial Ca Date of onset: 6.8 Other contributory causes of importance: 107 Name of operation: Date of: Was there an autopsy? If death was due to external causes (injuries) fill in also the following: Accident, suicide, or homicide? Date of injury: Where did injury occur? Specify city or town, county and State. Specify whether injury occurred in industry, in home, or in public place. Name of injury: Nature of injury: Was disease or injury in any way related to occupation of deceased? (Signed): DATE: 1 2 1940 (Address) TITLE:	

