

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

Do not use this space.

20806

**1. PLACE OF DEATH**

County Caldwell

Registration District No. 94

Township Breckinridge

Primary Registration District No. 4056

City Breckinridge

File No. \_\_\_\_\_

Registered No. 11

St. \_\_\_\_\_ (Ward) \_\_\_\_\_

**2. FULL NAME**

Jonathan Pece Trunko

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (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)**

widowed

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

Ella Dyles

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

July-16-1846

**7. AGE**

YEARS 81 MONTHS \_\_\_\_\_ DAYS 2  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**10. NAME OF FATHER**

J. Trunko

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**12. MAIDEN NAME OF MOTHER**

Mary Ann Jones 7-19-1927 (Address) Breckinridge, Mo.

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**14.**

INFORMANT H. E. Hale  
(Address) Breckinridge, Mo.

**15.**

FILED 7-21-1927 E. W. Thompson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** July 18 1927

**17. I HEREBY CERTIFY**, That I attended deceased from July 13<sup>th</sup>, 1927, to July 17<sup>th</sup>, 1927 that I last saw him alive on July 15<sup>th</sup>, 1927, and that death occurred, on the date stated above, at 11 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Hemorrhage Brain

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, Not known

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Symptomatic

(Signed) A. J. Wilkey, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** DATE OF BURIAL

Rosehill Cemetery July 19 1927

**20. UNDERTAKER** ADDRESS  
Amber Breckinridge, Mo.

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.

DEPARTMENT RECORD

AUG 6 1927

