

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

Do not use this space.

30777

1. PLACE OF DEATH

County Jasper Registration District No. 431
Township Warrensburg Primary Registration District No. 5588
City (No.) St. Ward

2. FULL NAME

Francis E. Trumm
(a) Residence. No. 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel E. Trumm

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 1 30

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Bourbon County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER George W. Clear

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dark River

12. MAIDEN NAME OF MOTHER Minerva Barnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Geo. A. Mc Cannon
(Address) Lebanon Mo. Rt-18.

15. FILED 10-11-27 J. R. Patterson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1927

17. I HEREBY CERTIFY, That I attended deceased from July 28th 1927, to Oct 10th 1927, and that I last saw him alive on Oct 10th 1927, and that death occurred, on the date stated above, at 92A 162

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart trouble
mitral regurgitation
92A
162

CONTRIBUTORY (SECONDARY) Smoking

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. Hall, M. D.
10/11/27, 1927 (Address) Warrensburg Mo.

*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 Warrensburg
Adams cemetery DATE OF BURIAL Oct. 12 1927

20. UNDERTAKER L. L. Gove ADDRESS Warrensburg Mo.

N. E.—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.

PERMANENT RECORD

NOV 26 1927

