MAR 16 1928

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

Do not use this space.

4148

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85 — File No. 4148
Township: — Primary Registration District No. 1001 — Registered No. 248
City: St. Joseph, (No. 2714 Ashland Ave. St. Ward)

2. FULL NAME: John Henry Trunk
(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 55 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Elizabeth Trunk
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov, 14, 1867
7. AGE: Years 60 — Months 3 — Days 10 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Interior Decorator. 124E
(b) General nature of industry, business, or establishment in which employed (or employer): 127B
(c) Name of employer: Self. 95A
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Weston, Mo.

PARENTS
10. NAME OF FATHER: Michael Trunk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Mary Engle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mobile, Alabama.

14. INFORMANT: Mrs. Ida E. Trunk
(Address): 2714 Ashland Ave.
15. FILED: FEB 27 19 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb, 24, 1928
17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1927, to Feb 24, 1928 that I last saw him alive on Feb 23, 1928, and that death occurred, on the date stated above, at 5.00 A.M. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Liver Hypertrophy & Cholecystitis
1248 about (duration) 2 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY): Auriculo-Ventricular Heart block (duration) — yrs. 3 mos. — ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? NO. DATE OF —
WAS THERE AN AUTOPSY? YES
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & autopsy
(Signed) L. C. Bauman, M.D.
2/24/1928 (Address) Lincoln Bldg. St. Joseph, 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: Ashland Cemetery — DATE OF BURIAL: Feb, 27, 1928
20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.