

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

Do not use this space.

12547

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 131 File No. \_\_\_\_\_  
 Township Russell Primary Registration District No. 5182 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME**

V. M. Truckey  
 (a) Residence, No. Cape Gir. Co. Mo. 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**

**MEDICAL CERTIFICATE OF DEATH**

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 Miss Matilda Truckey

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 11

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farming  
 (b) General nature of industry, business, or establishment in which employed (or employer) general farm work  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cape Gir. Co. Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Dead

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

12. MAIDEN NAME OF MOTHER Dead

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

14. INFORMANT Walter Truckey  
 (Address) Box 520 Os Eagle

15. FILED 4/15-28 O J Miller  
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1928, 1928, to April 11 1928, that I last saw him alive on Mar 25 1928, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

diabetes mellitus  
57 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Dead  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Dead

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Tubercin & Papanicolaou  
 (Signed) O J Miller, M. D.  
 (Address) Expt. Mich. 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 Local  
Love Cemetery DATE OF BURIAL April 13 1928

20. UNDERTAKER Walters and Co  
 ADDRESS Cape Girardeau Mo.

COPIES OF THIS CERTIFICATE ARE VERY IMPORTANT

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

ALL INFORMATION REQUESTED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Cape Girardeau  
Towship Randall  
City..... (No. ....) St. .... Word)

Registration District No. 131  
Primary Registration District No. 5182

File No. ....  
Registered No. ....

2. FULL NAME

V. M. Turkey

(e) 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 11 1928

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

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19....., and that occurred, on the date stated above, at..... m.

6. D Unable to get the dates

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. A) 79 11 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... (duration) yrs. mos. ds.  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

\*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.

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT ..... (Address)

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

15. FILED 4-15-28 Q J Miller REGISTRAR

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED E.

Exact statement of occupation is very im.

SUPPLEMENTARY

S-12547