

JAN 28 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

43669

1. PLACE OF DEATH

County SalineRegistration District No. 796

File No.

Township

Primary Registration District No. 3038Registered No. 191City Marshall

(No.)

St. Ward)

2. FULL NAME Louis Trummer

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 2 - 18487. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 9 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Zettin
(STATE OR COUNTRY) Germany10. NAME OF FATHER P. Trummer11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) Germany12. MAIDEN NAME OF MOTHER Martha Fischer13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) Germany14. INFORMANT J. H. Busker(Address) Marshall Mo15. FILED 12-28, 1928 Mrs. John H. McGuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 19 2817. I HEREBY CERTIFY That I attended deceased from Dec 23 19 28that I last saw him alive on Dec 20, 1928, and that death occurred, on the date stated above, at Marshall.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis97 9/10CONTRIBUTORY (SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: ✓DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS Arteriosclerosis(Signed) Arteriosclerosis, M. D.12/23, 1928 (Address) Marshall 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

DATE OF BURIAL

Mrs. Nebo Bus. Dec 26 19 28

20. UNDERTAKER

ADDRESS

T. W. Campbell Marshall

