

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

Do not use this space.

703

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City St. Louis (No. ....) St. .... Ward)

Registration District No. 201  
Primary Registration District No. 3012

File No. ....  
Registered No. 2

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19-1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>72</u>	<u>1</u>	<u>16</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER James Trumble

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

12. MAIDEN NAME OF MOTHER Esther Sarah

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

14. X INFORMANT Ed Trumble  
(Address) Liberty mo

15. FILED 7/10/29 W. H. Johnson  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1929

17. I HEREBY CERTIFY That I attended deceased from July 3 1927 to July 29 1929  
that I last saw alive on July 29 1929 and that death occurred, on the date stated above, at St. Louis Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary thrombosis  
82  
97

CONTRIBUTORY (SECONDARY) Chronic disease

18. WHERE WAS DISEASE CONTRACTED St. Louis Mo.  
IF NOT IN PLACE OF DEATH

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS St. Matthew  
(Signed) St. Matthew M. D.  
Liberty mo (Address)

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty mo DATE OF BURIAL 7/6 1929

20. UNDERTAKER St. Louis Mo ADDRESS Liberty mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

21 1929  
24  
5  
4  
71-8-16  
262  
2  
2  
2  
2

R. B.—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.

