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

Do not use this space.

3099

1. PLACE OF DEATH
County Randolph — Registration District No. 736 — File No.
Township Prairie — Primary Registration District No. 5964 — Registered No. 2
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Daniel L Trusty
(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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): S.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 16th 1928
7. AGE — YEARS: — MONTHS: 9 — DAYS: 22 — If LESS than 1 day, ... hrs. or ..... min.
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) (STATE OR COUNTRY) Wis
PARENTS
10. NAME OF FATHER Thomas H Trusty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mildred Schwamb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wis
14. INFORMANT Thomas H. Trusty
(Address) R.F.D. Moberly, Mo
15. FILED Jan 10 1929 G. L. Kimbrough REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7th 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 7, 1929, that I last saw him alive on Jan 7, 1929, and that death occurred, on the date stated above, at 8:00 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
(duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (SECONDARY) ——
(duration) ..... 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? no
WHAT TEST CONFIRMED DIAGNOSIS? Usual Clinical
(Signed) Paul C Davis, M. D
1-8th, 1929 (Address) Moberly, 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: Salem — DATE OF BURIAL: 1-8th 1929
20. UNDERTAKER: Mahan and Son — ADDRESS: Moberly Mo

CAUSE OF DEATH in plain terms, s... Every item of information s... Exact statement of OCCUPATION is very import... e stated EXACTLY. PHYSICIANS should s...

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Randolph — Registration District No.: 726 — File No.:
Township: Prairie — Primary Registration District No.: 3964 — Registered No.: 9
City: (No. , St. Ward)

2. FULL NAME: Daniel L. Trusty

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): S

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

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

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

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)
(STATE OR COUNTRY)

PARENTS
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)

15. FILED 1-10 1929 G T Kimbrough
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1928, to Jan 7 1929, that I last saw him alive on Jan 7 1929, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Usual clinical
(Signed) F L Davis, M. D
, 19 (Address) Moberly 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 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

NOTE.—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.

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