

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

Do not use this space
21517

2653

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Flaw Primary Registration District No. _____
City R. C. (No. 402 Indiana 002) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

George Van Trump
(a) Residence No. 402 Indiana 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 <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nannie Van Trump</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 23, 1859</u>					
7. AGE		YEARS <u>69</u>	MONTHS <u>11</u>	DAYS <u>19</u>	IF LESS than 1 day, _____ hr. or _____ min.
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Night Watchman</u>					
(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) <u>Ind.</u>					
PARENTS	10. NAME OF FATHER <u>Daniel Van Trump</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>				
	12. MAIDEN NAME OF MOTHER <u>Barbara Hainey</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>				
14. INFORMANT <u>Mrs. Nannie Van Trump</u> (Address) <u>402 Indiana</u>					
15. FILED <u>6/13 1929</u> <u>M. M. Crowe</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)
June 12 1929

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

THE CAUSE OF DEATH WAS AS FOLLOWS:
Suicide - Firearms

167 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
170 (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?
(Signed) Clara K. Heston & Heston
Clara K. Heston, M. D.
6/12 1929 (Address) Ceresey

*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 <u>Berry, Mautey</u>		DATE OF BURIAL <u>June 14 1929</u>
20. UNDERTAKER <u>P. H. Blackman & Son</u>		ADDRESS <u>2825 E. 12th</u>

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

N. 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.

182
2
2
2
2

