OCT 28 1930

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

Do not use this space.

29263

File No. .....

Registered No. 12

1. PLACE OF DEATH

County Caldwell, Registration District No. 93

Township ~~Davis,~~ Primary Registration District No. 4055

City Braymer, (No. ....., ... St. ..... Ward)

2. FULL NAME John C. Van Trump,

(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.

13-1-3

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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. [redacted] MARRIED, [redacted] (write the word)
Male,	White,	Married,

5A. IF MARRIED, [redacted] HUSBAND OF (OR) [redacted] Mary J. Van Trump,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March, -7th. -1852

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	6	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rockingham County,
(STATE OR COUNTRY) Virginia.

PARENTS

10. NAME OF FATHER Ruben Van Trump,

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

12. MAIDEN NAME OF MOTHER Diania Carnes,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rockingham Co.,
(STATE OR COUNTRY) Virginia.

14. INFORMANT Mrs Mary J. Van Trump
(Address) Braymer Mo.

15. FILED Sept 18 1930 H. H. Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1930 to Sept 17, 1930 that I last saw h[redacted] alive on Sept 17, 1930, and that death occurred, on the date stated above, at 12 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Brights disease

131

97 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Anthrama

(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? Clin Symptoms

(Signed) Henry H. Patterson, M. D.

Sept 18 1930 (Address) Braymer, Mo.

*State the DISEASE CAUSING DEATH, or if 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 New Hope Cemetery, -Sept. -18th 1930 | DATE OF BURIAL

20. UNDERTAKER E. P. Michael - Braymer, Mo. | ADDRESS