

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.

FEB 23 1931

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

Do not use this space.

1140

1. PLACE OF DEATH  
 County Jackson Registration District No. 398  
 Township Blair Primary Registration District No. 3919  
 City Independence (No. Indip Sanitarium) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Estie Cedric Trumble  
 (a) Residence, No. 1115 West Elm 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.

File No. \_\_\_\_\_  
 Registered No. 31

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1-1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
39 11 18

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Barber 206  
 (b) General nature of industry, business, or establishment in which employed (or employer) Parton Barber Shop  
 (c) Name of employer Clarence Parton

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Harford  
Michigan 2

PARENTS  
 10. NAME OF FATHER Cyrus Trumble  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 12. MAIDEN NAME OF MOTHER Maud Robertson  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Feles  
Michigan 2

14. INFORMANT M. E. Trumble  
 (Address) 1008 Troost Ave. Ind. Mo.

15. FILED 1-20, 1931 Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1931, to Jan. 19, 1931, that I last saw him alive on Jan. 19, 1931, and that death occurred, on the date stated above, at 7:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
21 2 appendicitis

(duration) yrs. mos. ds. 7 ds.

CONTRIBUTORY (SECONDARY) 1 1 1  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan. 14-31  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical (1)  
 (Signed) J. A. Dickerson M. D.  
Jan 20 19 30 (Address) Independence 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 Mound Grove Co. DATE OF BURIAL Jan 25 31  
 20. UNDERTAKER Callahan & Son ADDRESS Independence

