

MAR 26 1931

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6486

1. PLACE OF DEATH

County Madison
Township Madison
City Pierson (No.)

Registration District No. 627
Primary Registration District No. 4377

File No.
Registered No.
St. Ward

2. FULL NAME

Mrs Sarah J Trusky

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marquette (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER E T Spruch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sky 2
12. MAIDEN NAME OF MOTHER Merced
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sky

14. INFORMANT Francis Trusky (Address) Pierson Mo

15. FILED 73 1931 Mar 6-31 C. P. Traylor REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1931

17. I HEREBY CERTIFY, That I attended deceased from March 1925 to Feb 1 1931 that I last saw him alive on Jan 11 1931, and that death occurred, on the date stated above, at 4:20 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
238

97 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Atherosclerosis
Blood vessel (duration) 4 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 Clinical
(Signed) R. C. Levenson M. D.
. 19 (Address) Marquette 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 Oak Hill East of Marquette DATE OF BURIAL 2-3 1931

20. UNDERTAKER Communion Fun Co ADDRESS Marquette

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.

