

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

Do not use this space.

24940

**1. PLACE OF DEATH**

County... Jackson ..... Registration District No. 399  
Township Kaw ..... Primary Registration District No. 1002  
City... Kansas City ..... (No. St. Joseph Hospital ..... St. .... Ward)

File No. 2000  
Registered No. 2000  
St. .... Ward)

**2. FULL NAME** Mrs. Nannis L. Truman

(a) Residence No. 5106 Garfield St. 15 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</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>Ralph E. Truman</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 20th. 1881</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ..... hrs. or ..... min.
<u>50</u>		<u>0</u>	<u>12</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>At Home</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>Texas</u>				
PARENTS	10. NAME OF FATHER <u>Geo. W. Watson</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>No. Carolina</u>			
	12. MAIDEN NAME OF MOTHER <u>Dessa Zarbrow</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>No. Carolina</u>			
14. INFORMANT <u>R. E. Truman</u> (Address) <u>5106 Garfield</u>				
15. FILED <u>7/5</u> , 19 <u>31</u> <u>M. M. Crowley</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25<sup>th</sup> 1931  
17. I HEREBY CERTIFY, That I attended deceased from July 25<sup>th</sup> 1931 to July 25<sup>th</sup> 1931 that I last saw her alive on July 25<sup>th</sup> 1931, and that death occurred, on the date stated above, at 9<sup>am</sup> m.  
THE CAUSE OF DEATH WAS AS FOLLOWS:  
Gen Peritonitis  
122E  
129  
..... (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Int. Obstruction  
Adhesions (duration) yrs. mos. ds.  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 25-31  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Operation  
(Signed) W. F. Mayberry, M. D.  
7/5, 1931 (Address) 910 Argyle Bldg  
\*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 Springfield Mo. DATE OF BURIAL 7/5/31  
20. UNDERTAKER W. F. Mayberry ADDRESS City

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.

