

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.

DEC 21 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36941

1. PLACE OF DEATH

County BuchananRegistration District No. 195

Township

Primary Registration District No. 1001

City

St. Joseph, Mo. (No. 2402 Charles)

File No.

Registered No. 1173

St.

Ward)

2. FULL NAME

(a) Residence, No. 2402 Charles St.,

Ward.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Anna Trilinsky

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

March 15 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

5486

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Russia

13. NAME

David Trilinsky

MOTHER FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Russia

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Russia

17. INFORMANT (ADDRESS)

Mrs. Anna Trilinsky St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

Shuman Funeral Home St. Joseph, Mo.

20. FILED

11-221931John R. Bender

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

November 21, 193122. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1931, to Nov 21, 1931I last saw him alive on Nov 21, 1931. Death is saidto have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

Aurina PectorisDate of onset Nov 20 1931

Other contributory causes of importance:

Name of operation None

Date of

What test confirmed diagnosis Chorea Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Clarence A. Good, M. D.(Address) Toole Bldg St. Joseph Mo

