

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kane
City Kansas City

Registration District No. 399
Primary Registration District No. X002

File No. 128622A
Registered No. 121
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mellville Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. X How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>M</u> | 4. COLOR OR RACE <u>W</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>Mary Trufheim</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17 1873</u> | | |
| 7. AGE | YEARS <u>58</u> | MONTHS <u>10</u> |
| | DAYS <u>12</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer 1/15</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1/15</u> | |
| | 10. Date deceased last worked at this occupation (month and year)..... | |
| | 11. Total time (years) spent in this occupation..... <u>10</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas 2</u> | | |
| MOTHER | 13. NAME <u>Trufheim</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> | |
| FATHER | 15. MAIDEN NAME <u>No record</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record 31</u> | |
| 17. INFORMANT (ADDRESS) <u>Nancy Barnett Baldwin Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mellville Mo. DATE 1-31-32</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Stewart & Barnett Ld Co Baldwin Mo.</u> | | |
| 20. FILED <u>Jan 27 1932 M. M. Brown Registrar.</u> | | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1932

22. HEREBY CERTIFY That I attended deceased from 11/19/32, 19____, to 1/26/32, 19____.

I last saw h. l. m. alive on 1/26/32, 19____. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:
Bronchio Lymphatic Pneumonia Date of onset 1/26
arteriosclerotic heart 1/24

Other contributory causes of importance:
a. in the sup. appendicitis

Name of operation 1/20/32 Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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?
If so, specify _____
(Signed) J. H. Kerber, M. D.
(Address) 1500 First Bldg

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

V. 52, No. 2.

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.

MARGIN RESERVED FOR BINDING

Kurtin |
Ma 1145-