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.

APR 25 1932

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

Do not use this space.

7781

1. PLACE OF DEATH

24 County Clay — Registration District No. 197

Township Gallatin — Primary Registration District No. 5276

City N. K. C. R. #4 (No. ..... St. ..... Ward) — File No. ..... Registered No. 14

2. FULL NAME Millard Nelson Trammell

(a) Residence, No. N. K. C. R. R. #4 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: wh.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1916

7. AGE: Years 15 — Months 3 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Bonnaton Ga.

FATHER

13. NAME Millard North Trammell

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

MOTHER

15. MAIDEN NAME Alma Pritchard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hot Springs Arkansas

17. INFORMANT M. N. Trammell (ADDRESS) N. K. C. R. #4

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE 3/20, 1932

19. UNDERTAKER Morton & Co. (ADDRESS) N. K. C.

20. FILED 3/19, 1932 [illegible] Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1932, to Mar. 18, 1932

I last saw him alive on Mar. 18, 1932. Death is said to have occurred on the date stated above, at 6 P. m.

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

	Date of onset
Orbital abscess 26	
Strepto-coccemia 26	
Cavernous sepsis 27 P.	3/11/32
Endo-cardaitis 88	

Other contributory causes of importance:

Orbital Abscess	3/7/32

Name of operation? None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? No 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. No

Manner of injury No

Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Russell C. [illegible], M. D.

(Address) North Kansas