

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.

666 21 1932

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

Do not use this space.

18713

1. PLACE OF DEATH

County Buchanan

Registration District No.

85

Township

Primary Registration District No.

1001

City St. Joseph

(No. Missouri Methodist Hospital

File No.

Registered No.

540

St. Ward

2. FULL NAME Etta Trusty

(a) Residence, No.

St.

Ward.

Burlington Junction, Mo.

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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1904.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 4 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher 215

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) Burlington Junction  
(STATE OR COUNTRY) Mo.

13. NAME G. C. Trusty

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

15. MAIDEN NAME Laura Wallace

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

17. INFORMANT Dr. G. C. Trusty  
(ADDRESS) Burlington Junction, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington Jnc. Mo. DATE June 7, 1932.

19. UNDERTAKER J. R. Hann  
(ADDRESS) Burlington Junction Mo.

20. FILED June 5, 1932 John R. Beach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-31-32, 19, to 6-5-32, 19.

I last saw him alive on 6-5-32, 19. Death is said

to have occurred on the date stated above, at 5:40 p. m. 12/15

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

① General Peritonitis 6-43  
(See reverse side for further information) J.R.B.

Other contributory causes of importance: appendicitis 2 weeks  
intestinal perforation 6-43

Name of operation: Appendectomy Date of 6-7-32

What test confirmed diagnosis? gross 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? no

If so, specify

(Signed) Floyd H. Danner M. D.

(Address) St. Joseph, Mo.

Operation for appendicitis 6-1-32

Operation for vesicular degeneration of intestine 6-5-32

Preparative work for hernia 6-4-32

canon unknown

Floyd W. Johnson