

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

Do not use this space.

42924

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.

1. PLACE OF DEATH

County Sullivan
Township Duncan
City Near Reger, Mo. (No. _____)

Registration District No. 852
Primary Registration District No. 6121

File No. _____
Registered No. _____
St. _____

2. FULL NAME

James William Trumbo

(a) Residence, No. _____ St., _____ Ward. _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Marj Catherine Trumbo</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19, 1856</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>7</u>
	DAYS <u>9</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.</u>	
	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) <u>Near Richmond ?</u> (STATE OR COUNTRY) <u>Virginia</u>		
MOTHER	13. NAME <u>Thornton Trumbo</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Near Richmond</u> (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Marj Susan Miller</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Near Richmond</u> (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>Mrs. James W. Trumbo,</u> (ADDRESS) <u>Reger, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Cedarwood Cem. Mo.</u> DATE <u>Dec 30 1932</u>		
19. UNDERTAKER <u>C. A. Schore</u> (ADDRESS) <u>Sullivan Mo.</u>		
20. FILED <u>Jan 3, 1933</u> <u>Mayme Coe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1932 to Dec 28 1932.
I last saw him alive on Dec 27 1932. Death is said to have occurred on the date stated above, at 9:09 a.m.
The principal cause of death and related causes of importance were as follows:
Anaemia splenic
73 1/3
Other contributory causes of importance: (1)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. D. Funnell, M. D.
(Address) Reger Mo

