

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

Do not use this space.

29125

**1. PLACE OF DEATH**

County Clinton Registration District No. 207  
Township Concord Primary Registration District No. 5286  
City Peabody (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. 20  
Registered No. 34

**2. FULL NAME**

(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>17 July 1858</u>					
7. AGE YEARS <u>75</u>		MONTHS <u>2</u>		DAYS <u>13</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>Dressmaker</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dressmaking</u>				
	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) <u>Ken</u>					
FATHER	13. NAME <u>John Trumble</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ken</u>				
MOTHER	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ken</u>				
17. INFORMANT (ADDRESS) <u>Miss Ella Johnson Peabody, Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Peabody</u> DATE <u>Oct 1</u> 19 <u>33</u>					
19. UNDERTAKER (ADDRESS) <u>S. W. _____ Peabody, Mo.</u>					
20. FILED <u>Oct 1</u> 19 <u>33</u> <u>C. W. Chastain</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1927 to Sept 29 1933  
I last saw h.w. alive on Sept 28 1933 Death is said to have occurred on the date stated above, at 9 P. m.  
The principal cause of death and related causes of importance were as follows:  
Atherosclerosis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: HT

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) S. D. Reynolds M. D.  
(Address) Peabody, Mo.

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 important.

WHILE LEARNING WITH OUT-PATIENT WORK—THIS IS A PERMANENT RECORD

OCT 20 1933

