

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

Do not use this space.

35995

1. PLACE OF DEATH

County Clay Registration District No. 197
 Township Gallatin Primary Registration District No. 5276
 City Liberty, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. Liberty, R.T. 2 St., _____ Ward, _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 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>Single</u> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct - 1858</u> | | | | | |
| 7. AGE YEARS <u>75</u> | | MONTHS <u>1</u> | | DAYS <u>0</u> | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Inmate</u> | | | | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>County Hospital</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>Liberty, Mo.</u> | | | | | |
| 13. NAME <u>Sam Trubee</u> | | | | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u> | | | | | |
| 15. MAIDEN NAME <u>Miss Cave</u> | | | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk, Ia.</u> | | | | | |
| 17. INFORMANT (ADDRESS) <u>Mrs. N. A. Summers, Ex. 414, Liberty, Mo.</u> | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty, Mo.</u> DATE <u>11/11</u> 19 <u>33</u> | | | | | |
| 19. UNDERTAKER (ADDRESS) <u>Chandler-Bocher Co, Liberty, Mo.</u> | | | | | |
| 20. FILED <u>Nov 11</u> 19 <u>33</u> <u>John S. Morton</u> Registrar | | | | | |

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1933

2. I HEREBY CERTIFY, that I attended deceased from April 1 1933 to Nov 9 1933

I last saw him alive on Nov 8 1933 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset _____

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Other contributory causes of importance _____

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? _____
 If so, specify _____
 (Signed) J. H. Weatherford, M. D.
 (Address) Liberty, Mo.

MARGIN RESERVED FOR BINDING

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.

NOV 8 1933

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V. S. NO. 2

