

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.

FFB 87 1934  
89

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

Do not use this space.

865

1. PLACE OF DEATH

County Greene  
Township Roberson  
City Willard (No. Mo. R # 2)

Registration District No. 324  
Primary Registration District No. 5449

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. Willard Mo. R # 2 St., R # 2 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 55 mos. 11 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>Clara Trantham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 7 - 1878</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>11</u>
	DAYS <u>1</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. <u>On farm</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>Mo.</u>		
MOTHER	13. NAME <u>Henry J. Trantham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Martha Dygart</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Clara Trantham</u> (ADDRESS) <u>Willard Mo. R # 2</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Roberson Home Cemetery</u> DATE <u>Jan 5 1934</u>		
19. UNDERTAKER <u>J. N. Krugner &amp; Co.</u> (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>Jan 20 1934</u> <u>Mrs. Guy Freeman</u> Registrar.		

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 28 1933 to Jan 3 1934  
I last saw him alive on Jan 3 1934 Death is said to have occurred on the date stated above, at 2:15 P.M.  
The principal cause of death and related causes of importance were as follows:  
Acute myocarditis Date of onset 12-29-33  
100%  
100%  
100%

Other contributory causes of importance:  
Lobar pneumonia 12-24-33

Name of operation..... Cholec Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

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) Arthur D. Krabb, M. D.  
(Address) 450 1/2 E. Conril St.

