

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.

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

Do not use this space.

3621 MAR 24 1934

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**1. PLACE OF DEATH**

County Buchanan  
Township St. Joseph  
City St. Joseph (No. ....)

Registration District No. 1001  
Primary Registration District No. State Hosp #2

File No. 3995  
Registered No. 159  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Plattburg Mo. St. .... Ward. ....

Length of residence in city or town where death occurred 3 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1888</u>		
7. AGE <u>46</u> YEARS	<u>unknown</u> MONTHS	<u>unknown</u> DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Marion Truesdell

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co Mo

MOTHER 15. MAIDEN NAME Elizabeth Roy

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co Mo

17. INFORMANT (ADDRESS) E. L. Thompson Plattburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattburg Mo DATE Feb 9 1934

19. UNDERTAKER (ADDRESS) St. Joseph Mo

20. FILED 2-9 1934 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1930, to Feb 8 1934

I last saw him alive on Feb 8 1934 Death is said to have occurred on the date stated above, at 11:50 P.M.

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

Sanguine of Bowel  
Caused from Volvulus

Date of onset 3 days

Other contributory causes of importance: 1201A 1772

Name of operation Clia Date of 1772

What test confirmed diagnosis? Clia Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

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 J. R. Bunch M. D.

(Signed) John R. Bender Registrar.

