

MAR 24 1934

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

Do not use this space.

5817

## 1. PLACE OF DEATH

County MontgomeryRegistration District No. 596Township BeaumontPrimary Registration District No. 5787BCity Beaumont (No. ....)

File No. ....

Registered No. ....

St. .... Ward)

2. FULL NAME Horace R. Trinnick

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Trinnick6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 - 1853

7. AGE

YEARS 81MONTHS 3DAYS 24

If LESS than 1 day, ..... hrs. or ..... min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Doctor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grant Co. Indiana

(STATE OR COUNTRY)

10. NAME OF FATHER Jacob Trinnick11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah H. Lawler13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana

(STATE OR COUNTRY)

14. INFORMANT Ruth Trinnick(Address) Beaumont, Mo.15. FILED 2/16, 1934 H. W. Rivers REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1934

17.

I HEREBY CERTIFY, That I attended deceased from 2/15/34 to Feb 15, 1934 that I last saw him dead alive on Feb 15, 1934, and that death occurred, on the date stated above, at 12:00 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Endocarditis  
(mitral valve) dilatation  
of heart(duration) 5 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

(duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 4/5/34WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Clinical(Signed) G. W. Giesley M. D.2/15, 1934 (Address) Montgomery City Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Swanee, Ind2/18 1934

20. UNDERTAKER

ADDRESS

H. W. RiversBeaumont 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 very important.

WHILE EXEMPT, WITH ENFADING INK—THIS IS A PERMANENT RECORD

