

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

Do not use this space.

MAY 25 1934

File No. 12162  
Registered No. 39  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**PLACE OF DEATH**

County Carroll Registration District No. 138  
Township Piquette Primary Registration District No. 0198  
City \_\_\_\_\_ (No. \_\_\_\_\_)

2. FULL NAME Truman A. Case  
(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\* Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathryn Case  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 9, 1853  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 1 10  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-19<sup>th</sup> 1934  
17. I HEREBY CERTIFY, That I attended deceased from 3-23, 1934 no. 4-19-, 1934 that I last saw him alive on 4-19-, 1934, and that death occurred, on the date stated above, at 11-00 a.m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Leuc. Pericardium  
U.V.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No.  
WHAT TEST CONFIRMED DIAGNOSIS? Biopsy  
(Signed) B. C. Cole, M. D.  
. 19 (Address) Norborne, Mo.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
10. NAME OF FATHER Rowlin Case  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York  
12. MAIDEN NAME OF MOTHER Mariah Comstock  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

\*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.

14. INFORMANT Son - Burr A. Case  
(Address) Norborne Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Hope DATE OF BURIAL Apr. 21 1934

15. FILED 4-21, 1934 B. C. Cole M.D. REGISTRAR

20. UNDERTAKER W. J. Stroud ADDRESS Norborne, Mo.

