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.

MAY 25 1934

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

Do not use this space.

13027

1. PLACE OF DEATH

County Jackson — Registration District No. 308 — File No. 1778

Township — Primary Registration District No. 308 — Registered No.

City Kansas City (No. 2330 Denver St. Ward)

2. FULL NAME Mrs. Sallie Truby

(a) Residence, No. 2330 Denver St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fe.	Wh.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stacy Truby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19th, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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 No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT (ADDRESS) Mrs. Stanley Hopkins 2330 Denver

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sturgeon Mo. DATE 4/22/34 19

19. UNDERTAKER (ADDRESS) [illegible] City

20. FILED Apr 20, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h.... alive on ..... 19.. Death is said to have occurred on the date stated above at ..... m.

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

Pelvic adhesions
Intestinal obstruction

Date of onset

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) ..... M. D.

(Address) .....