

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.

32221

1. PLACE OF DEATH

County Clatsop
Township Big Creek
City Pleasant Hill (No.)

Registration District No. 157
Primary Registration District No. 5222

File No. 9
Registered No. 27
St. Ward)

2. FULL NAME Jno W Trundle

(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 <u>Male</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 26 1885</u> | | | | |
| 7. AGE | YEARS <u>49</u> | MONTHS <u>6</u> | DAYS <u>26</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</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> | | | | |
| FATHER | 13. NAME <u>Jno L Trundle</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ny</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Sarah Lagas</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tex</u> | | | |
| 17. INFORMANT <u>Mrs Allie Trundle</u> (ADDRESS) <u>Pleasant Hill</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>Sept 23</u> 19 <u>34</u> | | | | |
| 19. UNDERTAKER <u>W. W. Hays</u> (ADDRESS) <u>Pleasant Hill</u> <u>Mo</u> | | | | |
| 20. FILED <u>Sept 21</u> 19 <u>34</u> <u>F. O. Murray M. D.</u> Registrar. | | | | |

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to Sept 20 1934
I last saw him alive on Sept 20 1934. 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:
Diabetes mellitus Date of onset fresh

Other contributory causes of importance: 59

Name of operation Date of
What test confirmed diagnosis? Chemical 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) C. L. Cannon M. D.
(Address) Pleasant Hill Mo

NOV 5 1953