

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.

JAN 5 1935

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

Do not use this space.

32261-A

1. PLACE OF DEATH

County Christian
Township Bruner
City Bruner (No. _____)

Registration District No. 185-
Primary Registration District No. 625-1

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME N. P. Trague

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fanner
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) Near Fayette Mo.

MOTHER 13. NAME Athensal Tragus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Catherine Mahan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 17. INFORMANT (ADDRESS) John Trague Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bruner DATE Sept 4 1934

19. UNDERTAKER (ADDRESS) W. R. K. Rapp Mo.

20. FILED 1-9 1934 Josephine Merritt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to Sept 3rd 1934
I last saw him alive on Sept 3rd 1934. Death is said to have occurred on the date stated above, at 9-9 a.m.

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

Date of onset 2-1-34

Other contributory causes of importance: 131
Name of operation _____ Date of _____
What test confirmed diagnosis? Phy. 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) W. R. K. Rapp M. D.
(Address) Sparta, Mo.

