

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

Do not use this space.

19117

1. PLACE OF DEATH

County Caldwell
Township Conant Prairie
City (No.)

Registration District No. 104
Primary Registration District No. 1565
5105

File No. _____
Registered No. 134
St. _____ Ward _____

2. FULL NAME

Margaret Trammell

(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 <u>Female</u>	4. COLOR OR RACE <u>White</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>June 6 - 1930</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <u>9</u> hrs. or <u>15</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

FATHER 13. NAME Harry Trammell

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Lucille Nielsen

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Harry Trammell
3015 1/2 N. 2nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Long Point DATE June 7 1935

19. UNDERTAKER (ADDRESS) Ray Hall

20. FILED June 8 1935 R. M. Crease
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1935

22. I HEREBY CERTIFY That I attended deceased from June 6 1935 to June 6 1935
I last saw h. alive on June 6 1935 Death is said to have occurred on the date stated above, at 2:30 P.

The principal cause of death and related causes of importance were as follows:
Fracture of Torus of Skull
5 days after birth

Other contributory causes of importance
SMC

Name of operation _____ Date of _____
What test confirmed diagnosis? Smear 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) E. Westbrook, M. D.
(Address) Mar. 1. Bloomington 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.

