JUL 26 1935

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

Do not use this space.

20580

1. PLACE OF DEATH
County Pemiscot
Township Virginia
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 655
Primary Registration District No. 5872

File No. .....
Registered No. .....

2. FULL NAME Alex Rodney Trumble

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Florence Trumble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 29 - 1891

7. AGE: 43 YEARS, 7 MONTHS, 8 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day labor
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): Wetseker Ill. U.S.A.

FATHER
13. NAME: Geo. Trumble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.A.

MOTHER
15. MAIDEN NAME: Esther
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.A.

17. INFORMANT (ADDRESS): Howard Trumble

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coleman Cem DATE 6/8 1935

19. UNDERTAKER (ADDRESS): L. German Steele Mo.

20. FILED 6/1 1935 Max L. Kelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935, to June 6, 1935
I last saw him alive on June 1, 1935. Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

Pernicious anemia — Date of onset: Dec-34

Other contributory causes of importance:

Nephritis & Anasarca

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? ..... No
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Asier J. Speer, M. D.
(Address) Deering 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.