

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.

NOV 21 1935

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

Do not use this space.

6
135727

1. PLACE OF DEATH

County Gasconade
Township Richland
City (No.) (St.) (Ward)

Registration District No. 304
Primary Registration District No. 5421

File No.
Registered No. 49

2. FULL NAME

Edward Herman Trusser

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 7 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gasconade
(STATE OR COUNTRY) Gasconade County

10. NAME OF FATHER Norman Trusser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Sophia Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Aubert
(STATE OR COUNTRY)

14. INFORMANT Sophia Trusser
(Address) Morrisson Mo

15. FILED 11-2 1935 W. Kicker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/10 1935

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 1935, to Nov 10 1935, that I last saw him alive on Nov 10 1935, and that death occurred, on the date stated above, at 2 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diphtheria

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) N. S. Rowley, M. D.
, 19 (Address) Chamais Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Marys Cemetery DATE OF BURIAL 11-11 1935

20. UNDERTAKER Arnold Hummer ADDRESS Morrisson Mo

