

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

Do not use this space.

4360

1. PLACE OF DEATH
 County North Registration District No. 11-1-1
 Township Midellfork Primary Registration District No. 1-1
 City North (No.) St. Ward

2. FULL NAME Nancy Jane Trump
 (a) Residence No. St. Ward

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No.
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEM 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
 (OR) WIFE OF

Fremont Trump (deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

North Co

10. NAME OF FATHER

Peace Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Anna K. Kiensel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT
 (Address)

Wm A Trump
North Mo

15.

FILED

27 1936 Fred Mull, M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1936

17. I HEREBY CERTIFY That I attended deceased from Dec 27, 1925, to Jan 6, 1936 that I last saw her alive on Jan 6, 1936, and that death occurred, on the date stated above, at 10:25 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Rectum

CONTRIBUTOR (SECONDARY)

W

(duration) 8 yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Thos F Fay M.D.

, 19 (Address)

*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

DATE OF BURIAL

Fanshew Cemetery Jan 8-36

20. UNDERTAKER

ADDRESS

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.

