DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Adair — Registration District No. 4 — File No. 40227

Township — Primary Registration District No. 3001 — Registered No. 266

City Kirksville (No. , St. Ward)

2. FULL NAME Donald Eugene Truitt

(a) Residence, No. 502 W. Walker St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
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) 3-27-1936

7. AGE — YEARS — MONTHS: 7 — DAYS: 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Kirksville Missouri

FATHER
13. NAME Hurbert Truitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirksville

MOTHER
15. MAIDEN NAME Roxie Rice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinatta Iowa

17. INFORMANT (ADDRESS) Mrs. Roxie R. Truitt 508 W. Walker

18. BURIAL, ~~CREMATION,~~ OR REMOVAL
PLACE Novinger Cem DATE 11-15, 1936

19. UNDERTAKER (ADDRESS) Dee Riley Funeral Home Kirksville Mo.

20. FILED Nov. 14, 1936 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1936, to 11-13, 1936

I last saw him alive on Nov 13, 1936. Death is said to have occurred on the date stated above, at 11:15 p.m.

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

Acute Intestinal Infection (Bacillary dysentery)

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — 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?

If so, specify

(Signed) W. J. Huls D.O.

(Address) Kirksville, 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.