

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

Do not use this space.

MAR 25 1937

1. PLACE OF DEATH

County St. Francois
Township Boonville
City Boonville (No. 10)

Registration District No. 775
Primary Registration District No. 6022-A

File No. 7947
Registered No. 22
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Boonville 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Washington Co (STATE OR COUNTRY) Massachusetts

13. NAME Shovias Trudo

14. BIRTHPLACE (CITY OR TOWN) France (STATE OR COUNTRY)

15. MAIDEN NAME Rachel May White

16. BIRTHPLACE (CITY OR TOWN) Washington Co (STATE OR COUNTRY) Massachusetts

17. INFORMANT Mr Louis P Trudo (ADDRESS) Boonville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE B. J. Connelly DATE Feb. 21 1937

19. UNDERTAKER Benjamin Hud Co (ADDRESS) Boonville, Mo

20. FILED Feb. 20, 1937. N. W. Newberry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1937 to Feb 18 1937

I last saw him alive on Feb 18 1937 Death is said

to have occurred on the date stated above, at 10:45 p. m.

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

Coronary thrombosis Date of onset Feb 15

Other contributory causes of importance: Cardio-vascular disease ?

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy 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) N. W. Newberry, M. D.

(Address) Boonville, 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.

Old Newberry

74

2

b

OCCUPATION

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

