CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 16 1937

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

Do not use this space.

File No. 11606

Registered No.

1. PLACE OF DEATH
County Clay
Township ~~Fishing River~~
City Excelsior Springs, Mo. (No. ..., ..., St. 3d Ward)

Registration District No. 198
Primary Registration District No. 3011

2. FULL NAME TRINNIER, Richard
(a) Residence, No. Veterans Administration Facility Excelsior Springs, Mo. St., Ward. Schell City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 3 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~~ Ger trude Trinnier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	62	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Joseph Trinnier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary Devine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Schell City, Mo. DATE 3-2-37, 19

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Mo.

20. FILED March 2, 1937 Lorena McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1937, 19, to Mar. 1, 1937, 19
I last saw him alive on Mar. 1, 1937, 19 Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active, advanced, severe.	

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? no 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) F. SHOEMAKER, MD, Acting Clin. Dir. M. D.
(Address) Veterans Administration Facility Excelsior Springs, Missouri.