

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

JUL 3 0 1937

24270

1. PLACE OF DEATH

County Madison Registration District No. 547
 Township Madison Primary Registration District No. 3029
 City Hannibal (No. office Chas. A. K. R. Lower) Registered No. 195
 Ward

2. FULL NAME

Best. Quentin Truitt Sr.
 (a) Residence, No. 1809 Broadway St. 9 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 Mary M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1980

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. operator at C. A. A.

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) Halls County Mo

13. NAME Samuel A. Truitt

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

15. MAIDEN NAME Laura E. Roland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Mary Truitt
 (ADDRESS) 1809 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Barbery Cem. DATE June 24-37

19. UNDERTAKER James Adameel
 (ADDRESS) Hannibal Mo

20. FILED 928 37 H. C. Fisher
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22nd 1937

22. I HEREBY CERTIFY That I attended deceased from 1933, 1933, to 1933, 1933

I last saw h. alive on 5-29-1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Coronary Thrombosis Date of onset 6-22-37

Other contributory causes of importance A4B

Name of operation no Date of no
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1937

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) J. H. Adameel, M. D.
 (Address) Hannibal 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.

