

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township ~~Paris~~
City Paris (No. 1)

Registration District No. 669
Primary Registration District No. 3033

File No. 24612
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Don Wright Trush Jr. Ward. _____
(Usual place of abode) Bowling Green St. Mo. (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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-21-1920

7. AGE YEARS 16 MONTHS 9 DAYS 10 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookbinder, etc. student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School
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) Paris, Mo.

MOTHER FATHER 13. NAME Don Wright Trush Sr.

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

15. MAIDEN NAME Augusta Renee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Balveston, Tex.

17. INFORMANT Mrs Trush (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Carrollton Cemetery DATE 6-2-37

19. UNDERTAKER Grace Bankhead (ADDRESS) Bowling Green Mo.

20. FILED 61 1937 F. O. Hays Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31-37

22. I HEREBY CERTIFY, That I attended deceased from 3-2-37, 1937, to 5-31-37, 1937

I last saw him alive on 5-31-37. Death is said to have occurred on the date stated above, at 1:52 P. m.

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

Tuberculosis
pleurisy
respiratory

Other contributory causes of importance:

Keenest pleuritis from tuberculosis especially

Name of operation Respiratory 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 _____, 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. C. Hays Jr. M. D.
(Address) Carrollton 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.

