SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jasper
Township Joplin M
City Joplin (No. 2316 Empire St. Ward)
Registration District No. 411
Primary Registration District No. 02002
File No. 30966
Registered No.

2. FULL NAME Dale Lee Trimble
(a) Residence, No. 2316 Empire 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 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) Aug 21, 37
7. AGE YEARS — MONTHS — DAYS — 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) Joplin MO

FATHER
13. NAME Kenneth R. Trimble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin MO

MOTHER
15. MAIDEN NAME Ella May Butts.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin MO

17. INFORMANT (ADDRESS) Kenneth Trimble Joplin MO
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Sawyer Cem DATE Aug 23, 37
19. UNDERTAKER (ADDRESS) Hurlbut Und Co Joplin MO
20. FILED 8-23, 1937 D. D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 37
22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1937, to Aug 21, 1937
I last saw him ~~alive~~ dead on Aug 21, 1937 Death is said to have occurred on the date stated above at 9-20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still-birth	

Other contributory causes of importance:
Strangulation

Name of operation ..... Date of .....
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? ..... 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) Harry D Marbaugh D.O. D.
(Address) Joplin, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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