

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.

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH *Wagon*  
 County *Madison* Registration District No. *533*  
 Township *Middle Fork* Primary Registration District No. *5721*  
 City *Acadiah* (No. ....) St. .... Ward) .....

2. FULL NAME *Marion Corline Trussell*  
 (a) Residence, No. .... 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.

34721

File No. ....  
 Registered No. *7* .....

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE *Newton Trussell*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 7 - 1855*

7. AGE *71* YEARS *11* MONTHS *1* DAYS If LESS than 1 day, .... hrs. or .... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*  
 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) *Morgan Co Mo*

FATHER  
 13. NAME *Lafayette Co*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

MOTHER  
 15. MAIDEN NAME *Josephine*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *Mrs Maud Lilly*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Woodville* DATE *Sep 3 1937*

19. UNDERTAKER (ADDRESS) *William B. Baker*

20. FILED *9/8* 1937 *Dea Newton* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 2 1937*

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....  
 I last saw her alive on *Sept. 2*, 1937 Death is said to have occurred on the date stated above, at *7 A.* m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset .....

*Misaditis, chronic*

Other contributory causes of importance: *930*  
*Nervous eye*  
*Collapse*

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? *no*  
 If so, specify *1* *Frank Roy* M. D.  
 (Signed) *Clarence* (Address) *mo*

