

STATE OF MISSOURI, DEPARTMENT OF HEALTH, DIVISION OF VITAL STATISTICS, ST. LOUIS, MISSOURI

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph  
Township Prairie  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 730  
Primary Registration District No. 5854

File No. 38600  
Registered No. 14

2. FULL NAME

Simon Truesdale

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12<sup>th</sup>, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 27<sup>th</sup> 1880

22. HEREBY CERTIFY, That I attended deceased from June 1, 1937 to Oct 12, 1937

I last saw him alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 9:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 5 15

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

Probably Carcinoma of Stomach

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 \_\_\_\_\_

Other contributory causes of importance:

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

13. NAME John Truesdale

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

15. MAIDEN NAME Rebecca Stiles

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

17. INFORMANT (ADDRESS) John J. Truesdale, Liberty Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Mo DATE Oct 14<sup>th</sup> 1937

19. UNDERTAKER (ADDRESS) Mahan and Son, Liberty Ave

20. FILED Oct 16, 1937 G. T. Burdette Registrar.

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 Reverend (Signed) Clark Mo, M. D. (Address) \_\_\_\_\_





