

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

Do not use this space.

NOV 24 1937

1. PLACE OF DEATH

County SHANNON
Township
City WINONA (No. _____)

Registration District No. 823
Primary Registration District No. 6498

File No. 38946
Registered No. _____
St. _____ Ward _____

2. FULL NAME

CORINGTON R. TRUCKS

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

Length of residence in city or town where death occurred 36 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WIFE DECEASED.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5-1860</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>01</u>	DAYS <u>0</u>
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. <u>FARMER</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>LIFE</u>

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT R. B. Marshall
(ADDRESS) Winona, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE WINONA, MO DATE Oct 7 1937

19. UNDERTAKER None
(ADDRESS)

20. FILED Nov 9 1937 Mabel Beebe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 6TH 1937

22. I HEREBY CERTIFY, That I attended deceased from OCT. 5TH 1937, to OCT. 6TH 1937

I last saw h.i.m. alive on OCT. 6TH 1937. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

MYOCARDITIS Date of onset ?

Other contributory causes of importance ASD

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 _____

(Signed) George W. Williams, M. D.
(Address) Winona, 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.

