

DEC 21 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Macon Registration District No. 330
 Township Walnut Creek Primary Registration District No. 3707
 City Elmer (No. _____) St. _____ Ward _____
File No. 41826

Registered No. _____

2. FULL NAME

 (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

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

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Eliza Griffin Truitt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 1852
 7. AGE YEARS 85 MONTHS 0 DAYS 5- 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) Mo
 FATHER 13. NAME George T Truitt

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

 MOTHER 15. MAIDEN NAME Emeline Realing

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

 17. INFORMANT Mrs G D Truitt (ADDRESS) Elmer Mo

 18. BURIAL, CREMATION, OR REMOVAL PLACE Elmer Cemetery DATE 11-15- 1937

 19. UNDERTAKER S L McDevitt (ADDRESS) Elmer Mo

 20. FILED Dec 10 1937 Mrs Lloyd Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1937
 22. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to Nov 12, 1937.

 I last saw him alive on Nov 12, 1937. Death is said to have occurred on the date stated above, at 9:45 AM.

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

Apoplexy Date of onset _____

Other contributory causes of importance:

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) W H Gooch, M. D.(Address) Elmer 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.

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