

REC'D APR 4 1938

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

Do not use this space.

1. PLACE OF DEATH

County Clinton
Township
City Pettibury Mo (No. 1)

Registration District No. 207
Primary Registration District No. 4125

File No. 10503
Registered No. 26
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 4 1/2 yrs. mos. 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter Trimble</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-12-1890</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>6</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Deacon</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>oil salesman</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to Mar 25, 1938
I last saw him alive on Mar 24, 1938. Death is said to have occurred on the date stated above, at 2:50 AM.
The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism Date of onset Apr 1937
Nov TB

Other contributory causes of importance:
Infectious Bronchitis Nov 1936

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) W. H. Harding, M. D.
(Address) Pettibury Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettibury Mo</u>
FATHER
13. NAME <u>Morgan J. Trimble</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
MOTHER
15. MAIDEN NAME <u>Alma H. Claudyham</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kans</u>
17. INFORMANT <u>Mrs. Ruth Trimble</u> (ADDRESS) <u>Pettibury Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlawn Cat</u> , DATE <u>Mar 27</u> , 19 <u>38</u>
19. UNDERTAKER <u>J. W. ...</u> (ADDRESS) <u>Pettibury Mo</u>
20. FILED <u>3/25</u> , 19 <u>38</u> <u>C. W. ...</u> Registrar.

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.

