

REC'D MAY 16 1938

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

Do not use this space.

14393

1. PLACE OF DEATH

County Colton

Registration District No. 207

File No. 26

Township

Primary Registration District No. 4125

Registered No. 112

City Patton Mo. (No.) St. Ward

2. FULL NAME

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

641

Length of residence in city or town where death occurred 50 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Trimble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper
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 James W. Trimble

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

MOTHER 15. MAIDEN NAME Florence Moore

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

17. INFORMANT (ADDRESS) Mrs F Fleming

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenland DATE May 10 1938

19. UNDERTAKER (ADDRESS) W. W. ...

20. FILED 5/9 1938 E. W. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1938 to May 9th 1938. I last saw him alive on May 8th 1938. Death is said to have occurred on the date stated above, at 6:20 a.m.

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

Myocarditis Date of onset 94

Other contributory causes of importance: Angina Pectoris
Six day duration

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) S. D. Reynolds, M. D.
(Address) Patton 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.

