REC'D JUN 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Gasconade — Registration District No. 311
Township: Lindwood — Primary Registration District No. 5433
City ..... (No. ..... St. ..... Ward)

File No. 18233
Registered No. .....

2. FULL NAME: Mr. Joseph Sidney Trimble 5 14
(a) Residence, No. ..... St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Mrs. Pamply C. Trimble

6. DATE OF DATH (MONTH, DAY, AND YEAR): Nov - 28 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	5	6	

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. Farm
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): Morrow Co. Ohio

FATHER
13. NAME: Wm. Trimble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

MOTHER
15. MAIDEN NAME: Mary Clingingsmith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

17. INFORMANT (ADDRESS): Mrs Joseph Trimble Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmount Cem. DATE 5/7 1938

19. UNDERTAKER (ADDRESS): Kelly & Sellers

20. FILED 5/6 1938 C. N. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937, to May 4 1938
I last saw ~~living~~ alive on May 4 1938. Death is said to have occurred on the date stated above, at 10:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	
generalized arteriosclerosis	

Other contributory causes of importance:

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) F. J. Hinkelay, M. D.
(Address) Gasconade Mo