

REC'D JUN 8 1938

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

Do not use this space.

1. PLACE OF DEATH

County Hodgson Registration District No. 625
Towship Lincoln Primary Registration District No. 5823
City (No. _____) St. _____ Ward _____

File No. 19060
Registered No. _____

2. FULL NAME

Joseph Forrest Truck 20
(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud Truck

17. I HEREBY CERTIFY, That I attended deceased from 11 1937, to May 23 1938 that I last saw him alive on May 23 1938, and that death occurred, on the date stated above, at 3:45 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6 1886

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, _____ hrs. or _____ min.
	<u>51</u>	<u>7</u>	<u>17</u>	

(duration) _____ yrs. 7 mos. _____ ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Holt Co Mo (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

10. NAME OF FATHER Will Truck

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know (STATE OR COUNTRY)

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Sarah Ireland

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) J. J. Ferguson, M. D.
(Address) 545 S. 1st St. MO

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Maud Truck (Address) Burlington Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Royal DATE OF BURIAL May 25 1938

15. FILED May 24 1938 Clara D. Har REGISTRAR
552

20. UNDERTAKER Price & Har ADDRESS Edmo Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

