JAN 2 8 1939

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

Do not use this space.

File No. 42125

Registered No. 236

1. PLACE OF DEATH

County: Adair — Registration District No. 978

Township: Liberty — Primary Registration District No. 5008

City: Novinger (No. R. F. D. ..... St. ..... Ward)

2. FULL NAME Elisha Albert Truitt

(a) Residence, No. Novinger R. F. D. 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 M. **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 Kibbee Ann Truitt.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1875

7. AGE Years 62 Months 4 Days 22 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) 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. - Missouri

FATHER

13. NAME John A. Truitt

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

MOTHER

15. MAIDEN NAME Sarah Ann Dockery

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

17. INFORMANT Alice Jones
(ADDRESS) Novinger Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutz Cemetery DATE 12-19-1938

19. UNDERTAKER Dee Riley Funeral Home
(ADDRESS) Kirksville Mo.

20. FILED Dec 29, 1938 Spencer L. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1938, to Dec. 15, 1938

I last saw him alive on Dec 15, 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

	Date of onset
Apoplexy.	
8241	

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? No

If so, specify .....

(Signed) W. E. Minor, M. D.

(Address) Novinger.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 1038-815

Date Filed 1-16-39