REC'D MAR 16 1939

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

6241
Do not use this space.

1. PLACE OF DEATH
(a) County Clay 2 Registration District No. 198
(b) Township Fishing River 1 Primary Registration District No. 3011 Registered No. 22
(c) City Excelsior Springs (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

24
2
1

2. PRINT FULL NAME Dora Beatrice Trigg
(a) Residence, No. 106 West North St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Trigg.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26-1881
7. AGE YEARS 57 MONTHS 8 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Parkville Mo

FATHER
13. NAME Wade Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkville Mo.

MOTHER
15. MAIDEN NAME Cordelia Nicholas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

17. INFORMANT (ADDRESS) Nannie Banks Parkville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkville Mo DATE Feb 26 1938
19. FUNERAL DIRECTOR (NAME) Claude Prichard (ADDRESS) Excelsior Springs, Mo.
20. FILED Feb 27 1934 Lorena McCracken Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1938, to Feb. 23, 1939
I last saw her alive on Feb. 23, 1939. Death is said to have occurred on the date stated above, at 4:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	several years ago
131	

Other contributory causes of importance:

Myocarditis	same

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) John F. Grace, M. D.
(Address) Excelsior Springs, Mo.

Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number 3/2/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.