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.

MAY 12 1938

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

Do not use this space.

File No. 14838
Registered No. 13

1. PLACE OF DEATH
County: Gentry
Township:
City: Albany (No. ..... St. ..... Ward)
Registration District No. 309
Primary Registration District No. 4185

2. FULL NAME: Roy Dee Thrailkill

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Agnes Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1893

7. AGE: Years 45 | Months 9 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. restaurant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Lamoni Iowa

FATHER
13. NAME Gus Thrailkill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freemont Nebr.

MOTHER
15. MAIDEN NAME Lita Lyke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashtabula Ohio

17. INFORMANT (ADDRESS) Agnes Thrailkill Albany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE April 9 1939

19. UNDERTAKER (ADDRESS) Brooks Funeral Home Albany Mo

20. FILED Apr. 7, 1939 W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1939, to Apr. 6, 1939
I last saw h. alive on Apr. 6, 1939. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appoplexy	

Other contributory causes of importance: General Rundown Condition

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam. 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. Hardin M.D.
(Address) Albany Mo.

RECEIVED
District Health Officer No. 11
District File Number 39-486
Date Filed MAY 1 [illegible]