

AUG 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County Stette  
Township Green  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 692  
Primary Registration District No. 5919B

File No. 26560  
Registered No. \_\_\_\_\_

2. FULL NAME Mildred Irene Trimble

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Leo Trimble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2nd 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
22 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) Jan 1 1939 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deerborn Mo. - 0  
Missouri

13. NAME Walter Shanks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 0

15. MAIDEN NAME Jessie Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deerborn Missouri

17. INFORMANT (ADDRESS) Jessie Shanks, Deerborn Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerborn Mo. DATE July 22 1939

19. UNDERTAKER (ADDRESS) Lucian Davis, Deerborn Mo.

20. FILED July 30, 1939 M. W. Moore Registrar. 692

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 - 1939

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1939, to July 20th 1939

I last saw her alive on July 19th 1939 Death is said

to have occurred on the date stated above, at 2:25 a.m.

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

Nephritis (Chronic) Date of onset 1935

131

Other contributory causes of importance:

Mitral Insufficiency 1938

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Roentgen Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19 no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) M. S. L. Simpson, M. D. (Address) Deerborn, Mo.

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. 11,

District File Number

839-1045

Date Filed

AUG 11 1939