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.

FILED APR 28 1941

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

Do not use this space.

12235

1. PLACE OF DEATH
County: Shannon
Township: Bartlett
City: (No. 1 St. Ward)
Registration District No. 1074
Primary Registration District No. 6072
File No.
Registered No.

2. FULL NAME: Jerry Eugene Trammell
(a) Residence, No. Rural, Shannon Co., Mo. 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 27-41
7. AGE: Years | Months | Days: 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo Rural
FATHER
13. NAME: Ethan Howard Trammell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
MOTHER
15. MAIDEN NAME: Grace Irene Holm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
17. INFORMANT: Howard Trammell
(ADDRESS): Birch Tree Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove DATE: 4-4- 1941
19. UNDERTAKER: O.B. Jones
(ADDRESS): Birch Tree
20. FILED 4-3- 1941 Frank Hoyde M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 3 1941
22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..
I last saw him alive on March 27 1941. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

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?
If so, specify
(Signed) R. L. Davis M. D.
(Address) Birch Tree Mo

RECEIVED

Health Officer No. 5.

Number 441559

Date Filed