

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

Do not use this space.

**1. PLACE OF DEATH**

County Ruchanan  
 Township  
 City St. Joseph (No. Missouri Methodist Hospital)

Registration District No. 85  
 Primary Registration District No. 1001

File No. 17302  
 Registered No. 600  
 Ward

**2. FULL NAME** Mita Lorene Trussell

(a) Residence. No. Amity, Missouri St. Amity, Missouri Ward. Amity, Missouri  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 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 3rd. 1924

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	5	2	5	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Amity, Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER Rolly Clay Trussell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Amity, Missouri  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Label E. Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Amity, Missouri  
 (STATE OR COUNTRY)

14. INFORMANT Rolly Clay Trussell  
 (Address) Amity, Missouri

15. FILED 9 19 1929  
 REGISTRAR John G. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8th. 1929

17. 1 **HEREBY CERTIFY**, That I attended deceased from May 1924, to May 7, 1929, that I last saw her alive on May 7, 1929, and that death occurred, on the date stated above, at 7 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Purulent meningitis of Otitic origin - Non Contagious (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Stomach (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Stomach  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 1-29

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Spinal Puncture  
 (Signed) Joseph Standley M. D.

May 9, 1929 (Address) Kidpatrick 1289

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clarksdale, Mo. via auto DATE OF BURIAL May 10 19 29

20. UNDERTAKER Hester Betts & Bowman ADDRESS 319 S. 10 St.

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.

24 1929  
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Ed [Signature] Sumner [Signature]

