

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.

JAN 21 1933

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

Do not use this space.

1. PLACE OF DEATH

4 County Girdrain
Township Sailing
City (No.)

Registration District No. 79
Primary Registration District No. 5036

File No. 28283
Registered No.
St. Ward

2. FULL NAME

Lucy Belle Trumbo

(a) Residence. No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 5 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

Frank Trumbo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Holt Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm Leasidy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Jennie Fishbach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 1 Ky
(STATE OR COUNTRY)

14. INFORMANT Frank Trumbo
(Address) Clark Mo R#5

15. FILED 12/12/1932 E. N. Gentry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11, 1932

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1932 to Dec 11, 1932
that I last saw her alive on Sept 11, 1932 and that death occurred, on the date stated above, at about 10 - P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic heart disease
95B
137A (duration) 95B yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Myopharynx (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. N. Gentry M. D.
Dec 11, 1932 (Address) Moberly Mo

*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 DATE OF BURIAL

Brookfield Mo Dec 13 1932

20. UNDERTAKER ADDRESS

Snow-Laverton Moberly Mo

