

FEB 14 1941

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

Do not use this space.

2264

1. PLACE OF DEATH

County *Blair*Registration District No. *201*Township *Liberty*Primary Registration District No. *5280*City *Liberty* (No. *2*)File No. *5*Registered No. *5*St. *Mo.* Ward *1*

2. FULL NAME

(a) Residence, No. *T.O.F. Home* St. *1* Ward *1*

(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)

Widower

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

Unknown

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

6-15-1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*75**6**25*

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

At Home

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)

Ill. 1

13. NAME

William T. Trumbo

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

Ohio 1

15. MAIDEN NAME

Fathering Parkman

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

Ohio 1

17. INFORMANT (ADDRESS)

Rebecca T.O.F. Home Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Liberty Mo.* DATE *1-13-41*

19. UNDERTAKER (ADDRESS)

*Wheeler - Barber Liberty Mo.*20. FILED *1-13-41**Helen Early*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-10-41*, 19 *41*22. I HEREBY CERTIFY that I attended deceased from *Aug 1* 19 *38*, to *Jan 10* 19 *41*I last saw him *live on* *Jan 10* 19 *41*. Death is saidto have occurred on the date stated above, at *6:15* a.m.

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

*Hypertensive neuromyopathy**Chronic Hypertension**17/41*

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed: 9-12-41