

84 1931

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

Do not use this space.

753

1. PLACE OF DEATH

34 County Douglas Registration District No. 1071. File No. 1.  
Township Walls Primary Registration District No. 5398. Registered No. 1.  
City (No. ) St. Ward

2. FULL NAME

Scott Trail  
(a) Residence, No. Near Ava, Mo. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1890.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
50 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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

10. Date deceased last worked at this occupation (month and year) Dec 1930. 11. Total time (years) spent in this occupation 40.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

13. NAME William Trail

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2

15. MAIDEN NAME Upchurch

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

17. INFORMANT (ADDRESS) Brover Trail  
Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith cemetery DATE Jan 11 1931

19. UNDERTAKER (ADDRESS) Neighbors  
Ava, Mo.

20. FILED Feb 14 1931 E. S. Warden  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1931.

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1931, to Jan 10 1931  
I last saw him alive on Jan 9 1931. Death is said to have occurred on the date stated above, at 2.20 p.m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
108  
Other contributory causes of importance: (1)

Name of operation none Date of       
What test confirmed diagnosis? Phys. Ex. Was there an autopsy? Mo.

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? Mo.  
If so, specify       
(Signed) Rolt M. Norman, M. D.  
(Address) Ava, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

