

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

Do not use this space.

28070

**1. PLACE OF DEATH**

County Trinity Registration District No. 330  
Township \_\_\_\_\_ Primary Registration District No. 3017  
City Trenton (No. 120 Harris Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 120 Harris Ave St. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1899  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 5 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
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) Sull. Co. Mo.

13. NAME G.M. Donoho

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sull. Co Mo.

15. MAIDEN NAME Ollie Bruce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Heidelberg Mo.

17. INFORMANT G.M. Donoho  
(ADDRESS) Humphreys Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burdley Cem. DATE Aug 22 1931

19. UNDERTAKER R. H. Bunker & Sons  
(ADDRESS) Grat Mo

20. FILED 2 Aug 31 1931 E. A. Duffey  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 1931 to Aug 20 1931

I last saw him alive on Aug. 19 1931. Death is said

to have occurred on the date stated above, at 1400 m.

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

Pulmonary Tuberculosis Date of onset \_\_\_\_\_

23A

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) G. H. Haulers, M. D.

(Address) Trenton, Mo

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.

22 1931

