

JUL 20 1936

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

Dr. Powell

Do not use this space.

22600

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 5439

City Springfield

(No. Route #1,

File No. _____

Registered No. 537

St. _____ Ward _____

2. FULL NAME Curtis Leland Trask

(a) Residence, No. Route #1, Box 830 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

male

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) April 25, 1917

7. AGE

YEARS
19

MONTHS
1

DAYS
22

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Student

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) Springfield
(STATE OR COUNTRY) Missouri.

13. NAME George E. Trask

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

15. MAIDEN NAME Iva Bockman

16. BIRTHPLACE (CITY OR TOWN) Birchtree,
(STATE OR COUNTRY) Missouri.

17. INFORMANT George E. Trask
(ADDRESS) Route #1, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastlawn Cem. DATE 6-20-36

19. UNDERTAKER H. H. Lohmeyer
(ADDRESS) Springfield, Missouri.

20. FILED JUN 20 1936 Dr. Chas A George
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7 1936 to June 17 1936

I last saw him alive on June 17 1936 Death is said to have occurred on the date stated above, at 10:10 a.m.

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

heemorrhage bowel

Date of onset

Other contributory causes of importance:

typhoid fever

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify _____

(Signed) Dr. Powell M. D.

(Address) Springfield Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

