

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township ELK
City..... (No..... St..... Ward)

Registration District No. 6035160
Primary Registration District No. 4359

File No. 38965

2. FULL NAME Mary Luellen Trammell

(a) Residence, No. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1937-7-26</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>3</u>	DAYS <u>4</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.			
	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) <u>✓</u> 11. Total time (years) spent in this occupation. <u>✓</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1937 to Oct 20 1937

I last saw him alive on Oct 20 1937 Death is said to have occurred on the date stated above, at 4:17 m.

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

Pneumonia
9
10/15/37

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) D. M. Crawford M. D.

(Address) Parma Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
	13. NAME <u>Ross Trammell</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	15. MAIDEN NAME <u>Kiela Garner</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
17. INFORMANT <u>Ross Trammell</u> <u>MO</u> (ADDRESS) <u>Seville</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Taylor Cem.</u> DATE <u>Oct 31 1937</u>	
19. UNDERTAKER <u>C. Knight</u> (ADDRESS) <u>Parma Mo</u>	
20. FILED <u>10-30, 1937</u> <u>Dr. Desj. W. Husted</u> Registrar.	

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.

109a

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

38965-
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 836
 (b) Township ELK Primary Registration District No. 6100 Registered No. 60
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Luellen Trammell
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 3 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)..... mo
 (STATE OR COUNTRY)

13. NAME Ross Trammell
 14. BIRTHPLACE (CITY OR TOWN)..... mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Viola Garner
 16. BIRTHPLACE (CITY OR TOWN)..... mo
 (STATE OR COUNTRY)

17. INFORMANT Ross Trammell
 (ADDRESS) local mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Taylor Cem DATE Oct 31 1937

19. FUNERAL DIRECTOR J. C. Knight
 (ADDRESS) Garma mo

20. FILED Jan 5 1937 placemc
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30 1937

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
 Date of onset 10/29/37

Other contributory causes of importance:
Pertussis
9
11/13/37

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) A. M. Crawford M. D.
 (Address) Garma mo

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

TEMPORARILY SUPPLEMENTED

