

REC'D MAR 16 1939

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

7922
Do not use this space.

1. PLACE OF DEATH

(a) County Selinsgrove Registration District No. 796
(b) Township Marshall Primary Registration District No. 3038 Registered No. 39
(c) City Marshall (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

(a) Residence, No. 651 Jeannette Trombly
Marshall School Marshall (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Feb. 28, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mfn.
11 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) (STATE OR COUNTRY) Columbia, Mo.

FATHER 13. NAME A. E. Trombly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

MOTHER 15. MAIDEN NAME Mary E. O'Connor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worcester, Mass.

17. INFORMANT (ADDRESS) School Record, Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Mo. DATE 2-27-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parker's (W. H. Vandeventer)
Columbia, Mo.

20. FILED 2-27-39 Mary Kent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1939, to Feb. 26, 1939

I last saw her alive on Feb. 26, 1939. Death is said to have occurred on the date stated above, at 6:50 p.m.

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

Nonepidemic Cerebrospinal Meningitis
1747 Date of onset Feb. 23, 1939

Other contributory causes of importance: Pneumococci type 7

Name of operation Stomach & Int. Date of _____
What test confirmed diagnosis? _____ 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) A. M. Apple, M. D.
Marshall (Address)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/10/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *W. H. Vandewinter*

Licensed Embalmer No. *2494*

P. O. Address *Columbia, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.