

1939 AUG 18

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

26410

Do not use this space.

1. PLACE OF DEATH

(a) County Oregon
(b) Township Thayer
(c) City Thayer
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 632
Primary Registration District No. 4382
(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 20

2. PRINT FULL NAME George Washington Trimble

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 7 14

OCCUPATION 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. Retired Farmer
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) Izard County Arkansas

FATHER 13. NAME Jasper Trimble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Rhoda Whetfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Elmer Trimble, Thayer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Myrtle, Mo. DATE 7/27/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo Carr, Thayer, Mo.

20. FILED 7-27 1939 George Johnson Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1939 to July 25, 1939. I last saw him alive on July 20, 1939. Death is said to have occurred on the date stated above, at 1:30 a.m. M. The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic
Date of onset Jan 1939
Other contributory causes of importance: Pneumonia Date of onset Jan 26 39

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? No
If so, specify _____
(Signed) Geo. Carr, M. D.
Thayer Mo.
(Address) _____

130

RECEIVED

District Health Officer No. 5,

District File Number 83927

Date Filed 8-10-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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264107
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1. PLACE OF DEATH

(a) County Oregon Registration District No. 632
(b) Township Thayer Primary Registration District No. 4382 Registered No. _____
(c) City Thayer (d) Street No. _____
(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. (If foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

Geo. Washington Trimble
(a) Residence, No. _____ St. (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) m

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

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

7. AGE YEARS 86 MONTHS 7 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 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) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____

I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.

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

myocarditis - chronic
Date of onset 1/1939

Other contributory causes of importance: pneumonia Bronchus
93 C
Date of onset 1/26/39

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) F. A. Barnes, M. D.

(Address) Thayer mo

SUPPLEMENT

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

S-26410

1939