

JAN 10 1940

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

Do not use this space.

1. PLACE OF DEATH:

County HOAIR Registration District No. 1
Township 2 Primary Registration District No. 3001
City WIRKOVILLE (No. G.S.O. Hospital)

File No. 42585
Registered No. 388
St. _____ Ward _____

2. FULL NAME

657 MRS HENRY I. TRUMP (Mrs. Bertrude Lona Trump)

(a) Residence, No. 1 new n. Heights, Cedar Rapids Iowa
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1901

7. AGE YEARS 38 MONTHS 10 DAYS 25 If LESS than 1 day, hrs. or min.

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

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) Kirkville, Missouri

13. NAME Julius Edgar Robbins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Clara May Paulay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairmont Missouri
Clark County

17. INFORMANT Patsy Robbins Baker R.N. (sister)
(ADDRESS) 515 W. Pierce St. Kirkville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Rapids Ia DATE Jan 7, 1940

19. UNDERTAKER Kerr & Sons
(ADDRESS) memphis Mo

20. FILED Jan 4, 1940 Spencer L. Meeman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 30 1939

22. I HEREBY CERTIFY, That I attended deceased from DEC 24, 1939, to DEC 30, 1939

I last saw her alive on DEC 30, 1939. Death is said

to have occurred on the date stated above, at 4 P m.

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

Uremia secondary to chronic nephritis - unable to state duration of disease as I saw pt for first time Dec 24th

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Xab 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? _____

If so, specify _____

(Signed) Carl Langley M. D.

(Address) Kirkville, 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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-86

Date Filed JAN 8 1940