

NOV 20 1934

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

Do not use this space.

36840

1. PLACE OF DEATH

County Nodaway  
Township Rolla  
City Maryville (No. 1)

Registration District No. 625  
Primary Registration District No. 3031

File No. 119  
Registered No. 119  
St. 1 Ward 1

2. FULL NAME

(a) Residence, No. Malory Ellen Trullinger St. 1 Ward 1  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Marion Trullinger  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1863  
7. AGE YEARS 71 MONTHS 8 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 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) (West of) Maryville, Mo. (STATE OR COUNTRY)

FATHER 13. NAME William Preston Bentley  
14. BIRTHPLACE (CITY OR TOWN) Rushville, Ind. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Susan Jane Britton, Ind.  
16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

17. INFORMANT Earl B. Trullinger (ADDRESS) 132 Grand Ave. Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marian Cemetery DATE Oct 27, 1934

19. UNDERTAKER Price, J. Funeral Home (ADDRESS) Maryville, Mo.

20. FILED 10-27 1934 Morris & Clardy Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24, 1934  
22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1934, to 10-24, 1934  
I last saw him alive on 10-24, 1934. Death is said to have occurred on the date stated above, at 8:45 P.M.  
The principal cause of death and related causes of importance were as follows:

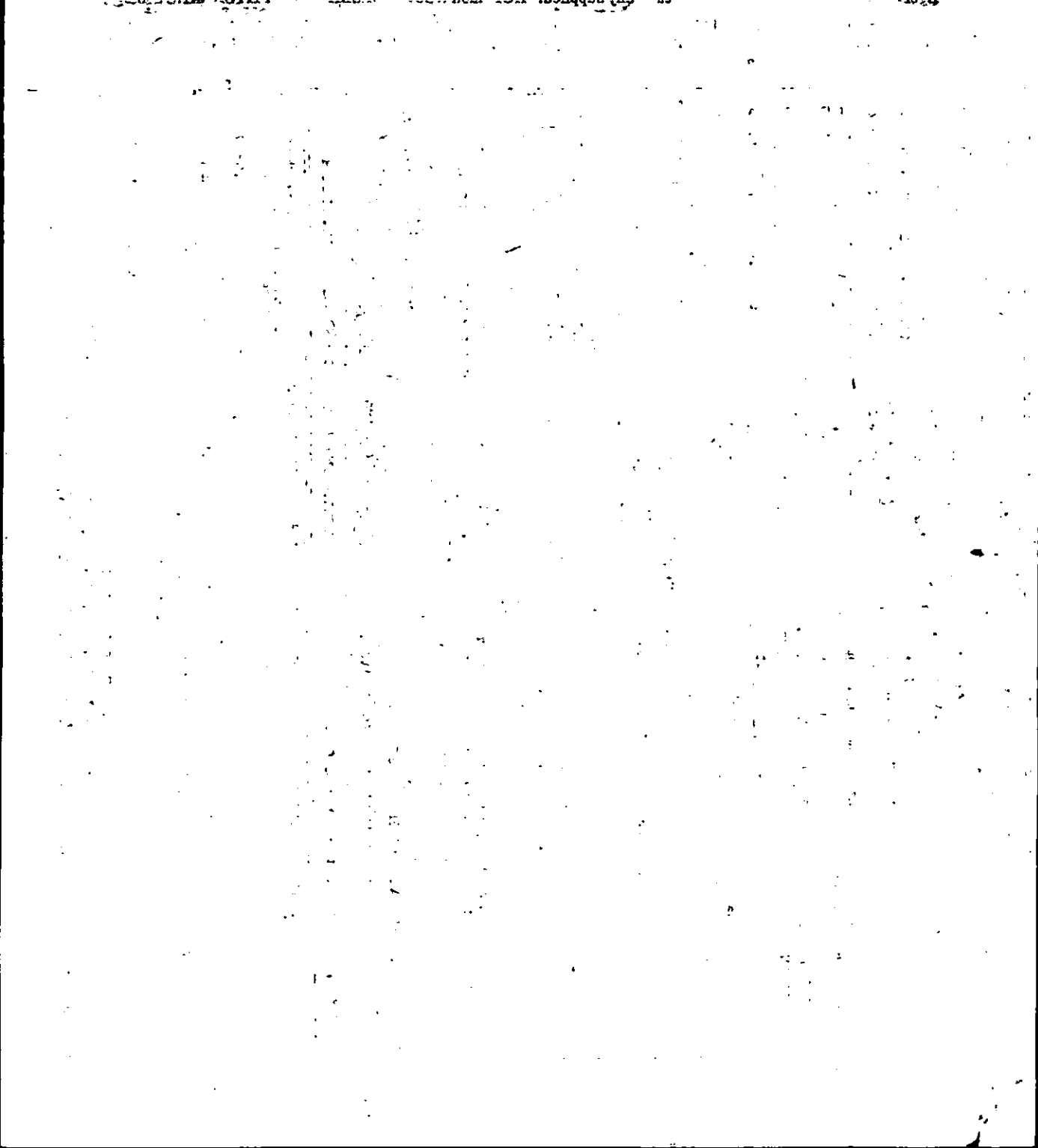
uremia  
nephritic abscess  
bilateral nephritis  
Other contributory causes of importance:  
1925  
Date of onset

Name of operation 1925 Date of 1925  
What test confirmed diagnosis? 1925 Was there an autopsy? 1925

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 1925 Date of injury 1925  
Where did injury occur? 1925 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1925  
Nature of injury 1925

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify 1925  
(Signed) E. J. Southern  
(Address) Maryville, Mo.



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CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison

Registration District No. 625

Township Maryville

Primary Registration District No. 9031

City Maryville (No. 119)

File No. 119

Registered No. 119

St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Mary Ellen Drullinger St. Mo. Ward 1

(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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word) W

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

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

7. AGE

YEARS 71

MONTHS 8

DAYS

If LESS than 1  
day, hrs. 1  
or min. 15

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
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)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER  
(ADDRESS)

20. FILED 10-27 1934 Manning & Clardy  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1934

22. I HEREBY CERTIFY, That I attended deceased from  
to

I last saw him alive on Oct 24, 19 34 Death is said

to have occurred on the 24 stated above, at 11:30 a.m.

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

Uremia Date of onset

acute nephritis

Other contributory causes of importance:

abscess of kidney  
streptococci

Name of operation 330 Date of

What test confirmed diagnosis? 330 Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide Date of injury 1934

Where did injury occur? 1934

(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) Geo. Southard Gardner

(Address) Maryville, Mo.

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