WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

May 23 1930

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

Do not use this space.

11980

File No. 6

Registered No.

1. PLACE OF DEATH
County Cass
Township Mt Pleasant
City Belton Mo.

Registration District No. 148
Primary Registration District No. 5212
(No. St. Ward)

2. FULL NAME R. Frank Trullinger

(a) Residence. No. St., Ward.
(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: Male
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: Rae Trullinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 30, 1853

7. AGE: Years 76, Months 5, Days 17. If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Wm Trullinger
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Sarah J. Stewart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia

14. INFORMANT: Miss Kate Trullinger
(Address): Belton Mo

15. FILED 4-17 1930 R M Miller, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to 4-17, 1930, that I last saw h... alive on 4-2, 1930, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:
Myocarditis

93D

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

908

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) R M Miller, M. D.
4-17, 1930 (Address) Belton Mo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Belton Mo.
DATE OF BURIAL: 4-19 1930

20. UNDERTAKER: E. T. George & Sons
ADDRESS: Belton Mo