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

Do not use this space.

28820

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 1924 So. 6th St. St. Ward)

File No. — Registered No. 925

2. FULL NAME James F. Trullinger

(a) Residence, No. 1924 So. 6th St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

3A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Sarah J. Trullinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	69 67	11	9	

OCCUPATION

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

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) Sept. 17, 1933

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg, Iowa.

FATHER

13. NAME Barton W. Trullinger

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

MOTHER

15. MAIDEN NAME Mary Ann Miller

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

17. INFORMANT (ADDRESS) Mrs. Sarah J. Trullinger 1924 So. 6th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maryville, Mo. DATE Sept. 21, 1933

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 9-20, 1933 John R. Bowden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1933

22. I HEREBY CERTIFY, That I ~~attended~~ visited deceased from Sept. 17, 1933, to ..., 19... I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 7.00 P. M.

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

	Date of onset
Gunshot Wound (Suicidal)	
167	

Other contributory causes of importance: no facts 169

Name of operation none 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? suicide Date of injury 9/17, 1933

Where did injury occur? Res. Sept. 1924 16th St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury Gunshot Wound.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Forrest Thomas Coroner

(Address) 801½ Felix St. St. Joseph, 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.

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