

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

Do not use this space.

32458

**1. PLACE OF DEATH**

County Shannon  
Township Shannon  
City Shannon

Registration District No. 823  
Primary Registration District No. 6074

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Alonzo Carlton Truman

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 - 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>8</u>	<u>2</u>	

**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) Alma  
(STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER C. H. Truman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bath  
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Martha

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jerry Co  
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mrs. J. C. Truman  
(Address) Winston, Mo.

15. FILED 9-20 1928 Mabel Cobles  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept - 20 - 1928 to Sept - 20 - 1928  
that I last saw him alive on Sept 10, 1928, and that death occurred, on the date stated above, at 8 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy

CONTRIBUTORY (SECONDARY) 74  
(duration) yrs. mos. da.

**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) Frank Hyde, M. D.

4-20, 1928 (Address) Excelsior 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 Winona Cemetery DATE OF BURIAL Sept 21 1928

20. UNDERTAKER Burnes Ltd Co ADDRESS Willspr

K. 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.

1928

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