NOV 28 1930

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

Do not use this space.

33991

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No.
Township — Primary Registration District No. 3037 — Registered No. 206
City Kirkwood (No. 424 S. Van-Buren Ave St. Ward)

2. FULL NAME Hattie Johnson Trent
(a) Residence. No. 424 S Van-Buren 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edw. Trent
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 24 — 1881
7. AGE: YEARS 49 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-work
(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): Missouri

PARENTS
10. NAME OF FATHER: Chas. Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Malinda Holloway
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Mystle McKinney
(Address) 424 S Van-Buren Kirkwood

15. FILED 11/10, 1930 P E Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 1 1930
17. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1930, to Sept. 30, 1930, that I last saw her alive on Sept. 30, 1930, and that death occurred, on the date stated above, at 1 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic pancreatic [illegible]
Nephritis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Myocarditis
(duration) 2 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Wandy [illegible]
(Signed) D S Wirth, M. D.
10/1, 1930 (Address) Kirkwood 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: Father Dicksons Cemetery — DATE OF BURIAL: Oct 3 1930
20. UNDERTAKER: Louis H Bopp — ADDRESS: Kirkwood Mo

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.