

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.

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

Do not use this space.

8495

1. PLACE OF DEATH

County Bollinger
Township Crooked Creek
City Beasville (No. _____)

Registration District No. 618
Primary Registration District No. 1140

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME William Trentham

(a) Residence, No. _____ St. _____ Ward _____
(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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sabella E Trentham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 17 1844</u>		
7. AGE YEARS <u>89</u>	MONTHS <u>1</u>	DAYS <u>24</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Tenn
(STATE OR COUNTRY)

13. NAME James Trentham

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

15. MAIDEN NAME Crawford

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

17. INFORMANT J M Trentham
(ADDRESS) Beasville, Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plain View DATE Mar 14 1933

19. UNDERTAKER A J Baker
(ADDRESS) Lutesville Mo

20. FILED Apr 18 1933 Luray Bollinger

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-2-5 1932, to 3-13 1933
I last saw him alive on 3-15 1933. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:
Myocardial Infarction
and Pulmonary Heart
Failure
Superior
Myocardial Infarction
Other contributory causes of importance: voluntary
and heart
failure

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____
(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) J. J. Baker M. D.
(Address) Lutesville Mo

