

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

Do not use this space.

MAR 24 1934

**1. PLACE OF DEATH**

County Dunklin  
 Township Bottom Hill  
 City Malden (No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 289  
 Primary Registration District No. 5407

File No. 704-A  
 Registered No. 7

**2. FULL NAME**

William Albert Trout

(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>Wht.</u>	<b>5. SINGLE, MARRIED, OR DIVORCED</b> <u>Married</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Rebecca Ann Trout</u>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Unknown</u>		
<b>7. AGE</b> <u>abst 62</u>	<b>YEARS</b>	<b>MONTHS</b>
	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Farming</u>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>	
	<b>10. Date deceased last worked at this occupation (month and year)</b> <u>June 1933</u>	<b>11. Total time (years) spent in this occupation.</b> <u>30 yrs</u>
<b>FATHER</b>	<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>White Co. Ill.</u>	
	<b>13. NAME</b> <u>Jack Trout</u>	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Ill</u>	
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Martha Golden</u>	
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>White Co. Ill</u>	
<b>17. INFORMANT (ADDRESS)</b> <u>Frank Trout, Piggott Ark.</u>		
<b>18. BURIAL, CREMATION, OR REMOVAL</b>		
	<b>PLACE</b> <u>Malden</u>	<b>DATE</b> <u>Jan 4 1934</u>
<b>19. UNDERTAKER (ADDRESS)</b> <u>M. R. Craig, Malden</u>		
<b>20. FILED</b> <u>2/3 / 1934 S. E. Mitchell Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 2 1934

**22. I HEREBY CERTIFY**, That I attended deceased from July 1 1993, to Jan 2 1934  
 I last saw him alive on Dec 15 1993 Death is said to have occurred on the date stated above, at 6:15 A.M.  
 The principal cause of death and related causes of importance were as follows:  
~~Retention of Stomach contents~~  
Myocarditis - Dropsy  
 Other contributory causes of importance:  
4501

**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?** Yes  
 If so, specify \_\_\_\_\_  
 (Signed) Graydon Carlstrom M.D.  
 (Address) Malden

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.

THIS IS A PERMANENT RECORD

