

JUL 27 1937

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

Do not use this space.

27

1. PLACE OF DEATH

2 County Cooper  
4 Township  
City Boonville (No. St Joseph Hospital)

Registration District No. 218  
Primary Registration District No. 3015

File No. 23541  
Registered No. 47  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edward A Trent

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26<sup>th</sup> 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY That I attended deceased from Mar 31 - 1937, to June 26 - 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 1853

I last saw him... alive on June 26<sup>th</sup> 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.

7. AGE YEARS 83 MONTHS 6 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Chronic Valvular heart disease Date of onset unk.

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 \_\_\_\_\_

Other contributory causes of importance: ad age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

13. NAME Carter Harrison Trent

Name of operation none Date of \_\_\_\_\_

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

What test confirmed diagnosis? clinical Was there an autopsy? NO

15. MAIDEN NAME Maria Wilson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT John Pigott (ADDRESS) Boonville Mo.

Manner of injury X

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove Cem DATE June 28 1937

Nature of injury X

19. UNDERTAKER Goodman & Baller (ADDRESS) Boonville, Mo

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify \_\_\_\_\_ (Signed) H. A. Jung, M. D.

20. FILED June 28, 1937 Boonville, Mo Registrar Stouper

(Address) Boonville, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FATHER  
MOTHER

OCCUPATION

