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.

REC'D JUN 15 1938

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

Do not use this space.

19278

1. PLACE OF DEATH
County Putnam | Registration District No. 722 | File No.
Township Richland | Primary Registration District No. 5953 | Registered No. 4
City (No. , St. Ward)

2. FULL NAME Iva May Trent 653
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1936
7. AGE YEARS 2 MONTHS 1 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) (STATE OR COUNTRY) Putnam Co. Mo. 0

FATHER
13. NAME Leland Trent 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Mo. 1

MOTHER
15. MAIDEN NAME Eliza May Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Leland Trent Unionville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sherigo Cemetery DATE May 13 1938
19. UNDERTAKER (ADDRESS) Comstock Merc. Co. Unionville Mo
20. FILED June 10 1938 W M Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1938
22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938, to May 11, 1938
I last saw her alive on May 11, 1938 Death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	5/2/38
9	
Other contributory causes of importance:	
Whooping Cough	4/12/38

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

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? No
If so, specify
(Signed) J. W. Gillum, M. D.
(Address) Unionville Mo