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.

JAN 16 1940

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

Do not use this space.

44846

1. PLACE OF DEATH
County Stoddard 2 Registration District No. 836 File No.
Township Liberty Primary Registration District No. 4507 Registered No. 49
City Bernie (No. , St. Ward)

2. FULL NAME 6311 William Henry Trout
(a) Residence, No. Bernie Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Orpha Jane Trout

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27 1863

7. AGE YEARS 76 MONTHS 11 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Ill.

FATHER
13. NAME Marion Joseph Trout
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Mandy Arnold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Floyd Trout Bernie Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bernie Mo. DATE Dec. 27 1939

19. UNDERTAKER (ADDRESS) Duncan Funeral Home Bernie Mo.

20. FILED Jan 1 1940 Laura Hopkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1939, to Dec 27, 1939
I last saw him alive on Dec. 24, 1939. Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Brain	Dec 20
131	
Other contributory causes of importance:	
High Blood Pressure	2 yr.
Chron Nephritis	1 yr.

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) F. E. Grow, M. D.
(Address) Bernie Mo

RECEIVED
District Health Officer No. 2,
District File Number 140-535
Date Filed 1-15