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

FILED MAR 10 1943

Do not use this space.

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1. PLACE OF DEATH

County: PULASKI — Registration District No.: 290 — 17 — File No.:

Township: TAVERN — Primary Registration District No.: 4430 — 9 — Registered No.: 7

City: CROCKER (No. ..... St. ..... Ward)

2. FULL NAME: CHARLES CALBERT TRENT

(a) Residence, No. 1 ST LOUIS, MO St., ... Ward. 2206 BENTON (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 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~~ BERTHA E. TRENT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT 18, 1898

7. AGE: YEARS 44 — MONTHS 2 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: SELF-EMPLOYED

10. Date deceased last worked at this occupation (month and year): OCT 18, 1942

11. Total time (years) spent in this occupation: 12 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CROCKER MISSOURI

FATHER

13. NAME: GEO. W. TRENT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): LINN CREEK MO.

MOTHER

15. MAIDEN NAME: SARA M. CARMACK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CROCKER MO.

17. INFORMANT (ADDRESS): MRS. B. PONDER CROCKER

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Crocker Cem DATE: 12/29/42, 19

19. UNDERTAKER (ADDRESS): J. L. HOOPS & SONS Crocker, Mo

20. FILED: 1-11, 1943 — Charmelvoll, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DEC 26, 1942

22. I HEREBY CERTIFY, That I attended deceased from DEC 19, 1942, to DEC 26, 1942

I last saw him alive on DEC 26, 1942. Death is said to have occurred on the date stated above, at 5 p.m.

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

	Date of onset
TUBERCULOSIS OF THE KIDNEY AND LUNGS	

Other contributory causes of importance: 13 P1

Name of operation ..... Date of .....

What test confirmed diagnosis? X-RAY 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? NO

If so, specify .....

(Signed) John A. Nikolevich, M. D.

(Address) Crocker, Mo.

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.

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RECEIVED
Pulaski County Health Officer
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