

#602

State of New Jersey—Bureau of Vital Statistics.
CERTIFICATE AND RECORD OF DEATH.

Full Name of Deceased William O. Trust
[If an infant not named, so state, and give sex.]

Age 33 Years - Months - Days - Hours - Color White Occupation Foundryman

~~Single~~, ~~Married~~, ~~Widowed~~ or ~~Divorced~~. Birthplace Florence Burlington Co. N. J.
[Cross out all but the right one.] [State or country.]

Last Place of Residence Florence N. J. How long resident in this State Lifetime

Place of Death Florence Burlington Co. N. J.
[If in a city, give name, street and number; if in township, give name and county; if in an institution, so state.]

Father's Name John Trust Country of Birth U. S.

Mother's Name Sarah O. Trust Country of Birth U. S.

I hereby certify that I attended the deceased during the last illness, and that he died on
the 28th day of July, 1907, and that the cause of death was.....

Name of Undertaker Wm. H. Black Length of sickness 3 months
[Medical Attendant] Wm. H. Black

Residence of Undertaker Burlington [P. O. address.] Burlington N. J.

Place of Burial Cedar Hill Cemetery
near Florence.