

#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:

Years	Months	Days	Hours
<i>33</i>	<i>-</i>	<i>-</i>	<i>-</i>

 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 *28* day of *July*, 190*7*, and that the cause of death was

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

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

Place of Burial *Cedar Hill Cemetery*
near Florence.