

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

32239

**1. PLACE OF DEATH**

County Jackson Registration District No. 200 File No. 211  
 Township New Primary Registration District No. 202 Registered No.           
 City Kennett No. Research Hospital St.          Ward         

**2. FULL NAME**

Babe Warren  
 (a) Residence No. 1326 E 30 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 F. 4. COLOR OR RACE W. 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) Nov 27 - 1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
                                                              

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer)           
 (c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) K. G.  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER R. F. Warren

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kennett  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Margaret Dunkelbach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) K. G.  
 (STATE OR COUNTRY) Mo

14. INFORMANT R. F. Warren  
 (Address) 1326 E 30 St.

15. FILED 7 1921 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2 1921

17. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1921, to Dec 2, 1921, that I last saw him alive on Dec 15, 1921, and that death occurred, on the date stated above, at 5:15 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Immaturity 159  
161 D  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY Stomach  
         (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH         

8 DID AN OPERATION PRECEDE DEATH?          DATE OF         

WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS           
 (Signed) J. P. Chambers, M. D.

7, 1921 (Address) 800 Kiwata Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Forest Hill Dec 2 - 1921

20. UNDERTAKER ADDRESS

John W. Wagner 1409 Grand Ave

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.

