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.

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

Do not use this space.

File No. 24709

Registered No.

1. PLACE OF DEATH
County: Johnson
Township: Warrensburg
City: " (No. ..... St. ..... Ward)
Registration District No. 431
Primary Registration District No. 3023

2. FULL NAME: Lewis William Warnick
(a) Residence. No. 307 Irving St., 4th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Bertha Warnick

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 17 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	1	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Cunningham & Son

9. BIRTHPLACE (CITY OR TOWN): Johnson Co.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: L. W. Warnick
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Johnson Co. Mo.
12. MAIDEN NAME OF MOTHER: Alice Cronhardt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Johnson Co. Mo

14. INFORMANT: Mrs. Bertha Warnick
(Address): 307 Irving St - Wbg Mo

15. FILED: Aug 13 1927 Wm R Patterson REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug - 10 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 7 1927, to Aug 10, 1927, that I last saw him alive on Aug 8 1927, and that death occurred, on the date stated above, at 8:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
123 B
(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Enterolitis & adhesions
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED: Possibly several months
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John T Anderson M. D
, 19 (Address) Warrensburg Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Warrensburg Mo
DATE OF BURIAL: Aug 12 1927

20. UNDERTAKER: Sweeney-Gore
ADDRESS: Warrensburg Mo