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

Do not use this space.

OCT 29 1927

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No. 29350

Township — Primary Registration District No. 3039 — Registered No. 169

City Nevada Mo (No. ..... St. ..... Ward)

2. FULL NAME Warren William Dailey

(a) Residence. No. 603 W-Hunter St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3 - 1926

7. AGE: Years 1 — Months — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Nevada
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER E W Dailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Malesus
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Mary D Day

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Malesus
(STATE OR COUNTRY) Tennessee

14. INFORMANT E W Dailey
(Address) 603 W Hunter

15. FILED 10/10 1927 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1927, to Sept 28, 1927 that I last saw ~~he~~ alive on Sept 28, 1927, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Laryngeal Diphtheria (Membranous Croup)

10 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 10 (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J M Brown, M. D

Oct 10, 1927 (Address) Nevada 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: Newton Comet — DATE OF BURIAL: Oct 29 1927

20. UNDERTAKER: Henry Funeral Home — ADDRESS: Nevada Mo

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.