

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

Do not use this space.

33814

1. PLACE OF DEATH

County Jackson
Township Marie
City Jackson Co Home

Registration District No. 400
Primary Registration District No. 355331
(No. Jackson Co Home) St. _____ Ward)

File No. _____
Registered No. 118

2. FULL NAME

William J. Warwick
(a) Residence, No. Jackson Co. Home Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. H. J. Warwick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-18-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
53 11 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employee) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Not known

14. INFORMANT J. W. Hostetter (Address) Little Blue mo

15. Nov 3, 27 2 M. Gehick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-3-1927

17. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1927, to Nov. 3, 1927 that I last saw him alive on Nov. 1, 1927, and that death occurred, on the date stated above, at 9.30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 78
(duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____ WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS: _____ (Signed) J. W. Greene, M. D. (Address) Independence 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 Mt. Moriah DATE OF BURIAL Nov 5 1927

20. UNDERTAKER W. N. Newcomer's Son ADDRESS W. N. C. Mo

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.

JAN 5 1928

