

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

Do not use this space.

88

1. PLACE OF DEATH

County Barry

Registration District No. 30

File No. _____

Township _____

Primary Registration District No. 3003

Registered No. 13

City Monett (No. _____)

St. _____ Ward _____

2. FULL NAME

Bobby Warren

(a) Residence, No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

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)

1-28-1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 12 hrs. or _____ min.

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Monett

(STATE OR COUNTRY)

Mo.

PARENTS

10. NAME OF FATHER

W. G. Warren

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Polasko, Mo.

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Mattie West

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Sparta

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

W. G. Warren

Monett Mo

15.

FILED

1-30-28

W. M. West

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 29 1928

17.

I HEREBY CERTIFY That I attended deceased from

Jan. 28, 1928, to Jan. 28, 1928,

and that I last saw him alive on Jan. 28, 1928, and that

death occurred, on the date stated above, at Monett, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Infant 6 1/2 months gestation
159 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

16 1/2 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ernest Mitchell, M. D.

, 19 (Address) Monett 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

DATE OF BURIAL

Ozark, Mo.

1/30 1928

20. UNDERTAKER

ADDRESS

Callaways

Monett

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.

FEB 20 1928

