

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

Do not use this space.

1542

FEB 21 1928

1. PLACE OF DEATH

County Casper
Township St. Johns
City Joplin (No. 2)

Registration District No. 411
Primary Registration District No. 2202

File No. _____
Registered No. 33
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

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)

June 20 27

7. AGE

YEARS

MONTHS

DAYS

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

4

26

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)

(STATE OR COUNTRY)

Joplin Mo.

10. NAME OF FATHER

Raymond C. Warrick

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Joplin Mo.

12. MAIDEN NAME OF MOTHER

Wm. J. Sulzberger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Joplin Mo.

14.

INFORMANT (Address) _____

15.

FILED 1/23 19 28 W. A. Benson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 18 19 28

17.

I HEREBY CERTIFY That I attended deceased from _____
Jan 14, 1928, to Jan 15, 1928
that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____12-13 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

10/10

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____ at place of death

DID AN OPERATION PRECEDE DEATH, _____ no DATE OF _____

WAS THERE AN AUTOPSY? _____ no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) B. W. Weyandt, M. D.
, 19 (Address) Joplin 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

Fairview Cem 1-19-1928

20. UNDERTAKER

ADDRESS

Hurlbut & Co Joplin 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.

FADING INK—THIS IS A PERMANENT RECORD

