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

Do not use this space.

16252

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

File No. — Registered No. 648

2. FULL NAME: Ellsworth Warner

(a) Residence. No. St., Ward. Moberly, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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)
Male	White	Unknown

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr, 5, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	45	1	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Roof repairing.

(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): Moberly, Mo.

PARENTS

10. NAME OF FATHER: Jacob Warner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

12. MAIDEN NAME OF MOTHER: Nancy C. Searcy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Mahan Und. Co.
(Address): Moberly, Mo.

15. FILED: MAY 21 1928, 19.

John G. Ott
S. S. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May. 20, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to, 19, that I last saw him alive on, 19, and that death occurred, on the date stated above, at 6 40 a. m. p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Traumatism from injuries received when he fell from top of Building Broke Leg & arm & internal injuries accident occured at Cameron Mo Ma. 14 1928.

(Duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 185

(Duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Verbal

WHAT TEST CONFIRMED DIAGNOSIS? Verbal & History of accident

(Signed) W. Illings Coroner, M. D.

5/20/, 1928 (Address) St Joseph 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: Moberly, Missouri

DATE OF BURIAL: May, 22, 1928

20. UNDERTAKER: Walter Meierhoffer

ADDRESS: 1302 Faraon St.

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.

WHITE PLANET, WITH OUTLINE INK—THIS IS A PERMANENT RECORD