EC 26 1928

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

Do not use this space.

36150

85

1001

1334

1. PLACE OF DEATH

County Buchanan Registration District No. File No.

Township Primary Registration District No. Registered No.

City St. Joseph, (No. City Hospital, (Sunnyslope) Ward)

2. FULL NAME Warren Delbert Storm,

(a) Residence. No. 610 Mt. Mora Road St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 17 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	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	6	6	17	

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

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Ralph J. Storm,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clay City,
(STATE OR COUNTRY) Indiana,

12. MAIDEN NAME OF MOTHER Esta Cooprider,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay City,
(STATE OR COUNTRY) Indianan

14. INFORMANT Wm. C. Cooprider
(Address) 1920 Frederick Avenue,

15. FILED Nov 26 1928 John G. Ott REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928, to Nov 23, 1928, that I last saw h.t.w. alive on Nov 23, 1928, and that death occurred, on the date stated above, at 9:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever 101

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Cerv. adenitis

Cervical adenitis (duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 610 Mt. Mora

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin.

(Signed) Frank Sterlingale, M. D.

Nov 4, 1928 (Address) Rupert Bldg

*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. Mora (Vault) Cem. DATE OF BURIAL Nov. 26th 1928

20. UNDERTAKER Heaton-McGole & Bowman ADDRESS 519 S. 10 St.
By H. H. Kade Funeral Home

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.