DEC 27 1928

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

Do not use this space. 36566

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township Washington — Primary Registration District No. 9016 — Registered No. 94

City Washington (No. St. Ward)

2. FULL NAME William A. Warren

(a) Residence. No. None St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 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): Single

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of: Singel un-married

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 59, Months 0, Days 0. If LESS than 1 day, ...hrs. or ...min.

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

9. BIRTHPLACE (city or town) (State or country): Not Known

PARENTS

10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or country): Not known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or country): not Known

14. Informant: Bertha Pender
(Address) Grand Rapids Mich

15. Filed Dec 7, 1928 O. L. Muench, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Nov. 18 — 1928

17. I HEREBY CERTIFY, That I attended deceased from ✓, 19..., to ✓, 19..., that I last saw h... Died unattended ...19..., and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:
The Coroner Jury returned a verdict of High Blood Pressure
9610
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) Body found on Front & High in Scotts Build[ing] construction Car, Washington Mo.
(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death? Not Known
Did an operation precede death? No Date of
Was there an autopsy? No Dr. Bartling
What test confirmed diagnosis? Statement of
(Signed) Hy Vocke J.P. act. Coroner, M.D.
Nov 18, 1928 (Address) Washington 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: City Cemetery — DATE OF BURIAL: Dec 7th-1928

20. UNDERTAKER: Otto & Co, *G.H.O — ADDRESS: Washington 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.