JAN 25 1929

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

Do not use this space.

41828

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 14
Township [illegible] — Primary Registration District No. 5802 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Dreea Armstrong 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Est. 1903

7. AGE Years About 25 Months X Est X Days If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Jess Armstrong
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Will Mosters
(Address) Portageville Mo

15. FILED 1/21, 1929 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 10 Dec. 10 1928, 19 to Dec. 18, 1928 that I last saw her alive on Dec 18, 1928, and that death occurred, on the date stated above, at 4 A.M. — Dec 19 1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza +
Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) NA
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Her home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? General Diagnosis
(Signed) P M Mayfield, M. D
, 19 (Address) Portageville 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 Arbuckle Cemetery — DATE OF BURIAL 12/20 1928

20. UNDERTAKER R M Payne — ADDRESS Portageville Mo

Exact statement of OCCUPATION is very important. ... may be properly classified.