

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

Do not use this space.

4887

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... 1003
 City St. Louis (No. St. Louis)
 Primary Registration District No.

File No.
 Registered No. 1378
 St. Ward)

2. FULL NAME

Wayne M. Warfield
 (a) Residence. No. 2816 Campbell St 21 Ward.
 (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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14th 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day,	hr.
	<u>41</u>	<u>9</u>	<u>10</u>	or	min.

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

9. BIRTHPLACE (CITY OR TOWN) Bethel
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Henry Warfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Charlotte Rivers
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Tennessee

14. INFORMANT Charlotte Warfield
 (Address) Cosmos, Ky.

15. FILED 29 1929 Wm. Starbuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24th 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries
2116 Fracture skull
 (duration)..... yrs. mos. ds.
Struck by auto in City
 CONTRIBUTORY (SECONDARY) Accident mos. ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY yes 1880 300

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Thos V. Dorr M.D.
 (Address) Cosmos

*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 Father Riverison DATE OF BURIAL 1/29th 1929

20. UNDERTAKER R. C. Houston & Thomas ADDRESS 2812

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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